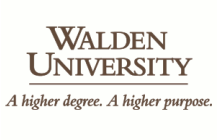


2019

Graduate Student Self-Efficacy during the Psychology Practicum Experience

Janice Baylor
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Janice Baylor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Leslie Barnes-Young, Committee Chairperson, Psychology Faculty
Dr. Elisha Galaif, Committee Member, Psychology Faculty
Dr. Rolande Murray, University Reviewer, Psychology Faculty

The Office of the Provost

Walden University
2019

Abstract

Graduate Student Self-Efficacy during the Psychology Practicum Experience

by

Janice Baylor

MA, Walden University 2010

BS, Ashford University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

September 2019

Abstract

There has been limited attention as to whether effective clinical supervisors help to build self-efficacy in clinical trainees by focusing on positive instances of their behavior during practicum. Trainees' may enter practicum with lower self-efficacy regarding their skills and having a supervisor that provides an experience that was positive would be expected to lead to higher self-efficacy. The purpose of this study was to quantitatively examine whether a relationship existed between self-efficacy and graduate students' experience in practicum training as measured by the role conflict subscale of the role conflict and role ambiguity inventory); working alliance inventory-supervisee; supervision evaluation questionnaire; and self-efficacy inventory. The study drew on Bandura's social cognitive theory to understand self-efficacy and make predictions about it based the working alliance, role conflict, and role ambiguity from the perspective of the trainee. It was hypothesized that there would be a relationship between graduate students' self-efficacy and supervision during practicum. Data collection included survey responses from 64 doctoral-level trainee in clinical psychology programs recruited through Facebook and Survey Monkey. Results from the quantitative, correlation study revealed a significant positive correlation between role ambiguity and self-efficacy. The remaining research questions did not yield significant results. Future recommendations include larger sample sizes and perhaps mixed methods approach to the research. The positive social change implications of this research indicated that when building positive relationships with trainees the more likely they would experience higher self-efficacy.

Graduate Student Self-Efficacy during the Psychology Practicum Experience

by

Janice Baylor

MA, Walden University, 2010

BS, Ashford University, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

September 2019

Dedication

I dedicate this dissertation to my family. With their continued support, encouragement and love I have been able to fulfill my dream of becoming a psychologist. I am forever grateful to my husband Jason and his determination and hard work to support me and our family during this long journey.

Acknowledgments

I would like to thank Dr. Leslie Barnes-Young and Dr. Galaif for the support and guidance through this extraordinarily long journey. It has been a life changing experience. I would also like to thank the colleagues along the way that have taught me so much about this field that I enjoy. A huge thank you to Dr. Paul Povinelli and Dr. Judy Isaac for taking a chance on me and allowing me to discover what I am really passionate about.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

Graduate training programs in clinical and counseling psychology are designed to teach students core competencies in the discipline by incorporating the experience from the classroom into skills developed via site placement (Hatcher & Lassiter, 2012). Practica are an essential aspect of clinical training for clinical and counseling psychologists (Gross, 2005). The practicum training experience is required of graduate students in applied psychology programs in order to master basic practices of psychotherapy including interpersonal skills, psychological assessment, intervention, consultation, professional collaboration, ethics, and leadership (Hatcher & Lassiter, 2012). According to Ko and Rodolfa (2005), the average doctoral student completes around 2,000 hours of supervised practicum in a 6-month period. In addition, practicum experiences must provide adequate clinical supervision of trainees in order increase competencies required to effectively participate in predoctoral psychology internships as well as prepare them for independent practice after graduation (Barker & Hunsley, 2013) and licensure as psychologists. Little research has focused on the role of doctoral trainee self-efficacy and its relationship to clinical supervision during a practicum.

For the purposes of the study, clinical supervision was defined as a continuous relationship in which a qualified supervisor monitors the professional development and competency of a trainee as practicum experience is gained during the length of the practicum (Cheon, Blumer, Shih, Murphy & Sato, 2009). Graduate students in applied

psychology have many requirements to fulfill as well as various roles to perform. These roles include the student, client, supervisee, and colleague (Hess, 2008). Thus, when beginning practicum training, psychology graduate students may be uncertain about expectations placed on them, how to meet those expectations, and how they will be evaluated (Olk & Friedlander, 1992). It makes sense that one aspect of assuming a new role, like that of psychologist trainee, includes self-efficacy. For the study, self-efficacy was defined as the degree to which a person believes in his/her own ability to organize and execute a certain task (i.e., assessment, intervention; Lindberg, Ortqvist &Wincent, 2013). I analyzed doctoral trainees' clinical experience (i.e., delivering helping skills, managing session process issues, and practicing assessment) during practicum, under clinical supervision, and determined whether graduate students' self-efficacy change over various times during the practicum experience.

The chapter was organized to discuss practica in the context of graduate training in applied psychology, define clinical supervision and self-efficacy, and hypothesize how it may be related to graduate students' success or nonsuccess during the practicum training experience. In the next section, the practicum experience is defined in terms of what it is, how many students participate, and the skills that are learned. Supervision during the practicum and the impact it may have on student self-efficacy are discussed followed by the supervisory alliance and factors of the alliance affecting self-efficacy. Next, a statement of the problem was provided, followed by the purpose of the study, research questions and hypothesis, conceptualization framework, nature of the study,

definitions, assumptions, scope and delimitations, limitations, significance, and chapter summary.

Background

Research has applied self-efficacy across a wide range of situations (Lindberg et al., 2013). Aspects of psychology trainees' experience, such as building self-confidence, gaining clinical experience, applying theory to a learned skill set, and the supervisory relationship, like identifying the knowledge, skills, and the values that demonstrate the competency of the trainee while attending to the dynamics of the supervisory relationship when and if difficulties arise, have been studied in depth (Barker & Hunsley, 2013; Cheon et al., 2009; Donahue & Perry, 2014; Heppner, Multon, Gysbers, Ellis, & Zook, 1998; Lent et al., 2009; Livini, Crowe, & Gonsalvez, 2012; Mehr, Ladany, & Caskie, 2014; Olk & Friedlander, 1992). There are four related areas published in the literature that helped to create an understanding of the basis of clinical psychology training and self-efficacy: (a) clinical supervision, (b) supervisory working alliance, and (c) role conflict and (d) role ambiguity (citation). These aspects of the trainee experience are important to discuss as they may help to determine what trainees face during supervised clinical training.

Clinical Supervision

Clinical supervision, as stated by the American Psychological Association (APA, 2006), is a distinct professional competency. Milne (2007) defined supervision as "the formal provision by approved supervisors of a relationship-based education and training that is work-focused and which manages, supports, and develops the work of colleagues"

(p. 439). This was important to define in this study when determining how supervision may impact trainee self-efficacy.

For a trainee to learn new skills, it is important that the supervisor provide feedback, guidance, and modeling behaviors (Wood and Bandura, 1989). Although modeling is not a variable in this study, it is important to mention. According to Wood and Bandura (1989), under clinical supervision, modeling is an explicit example of an effective supervisor. When a supervisor models behaviors to help manage difficult situations when and if they arise, it may play a part in increasing trainee self-efficacy. In modeling, the supervisor is able to communicate strategies to the trainee in order to help manage clinical challenges such as role ambiguity, role conflict, and difficulties dealing with clients (Wood & Bandura, 1989).

According to Lent et al. (2009), supervisors have long recognized the importance of attending to trainees' self-confidence or sense of competence as part of therapist development. Skills that reflect competencies include interpersonal skills, implementing complex intervention techniques, and tasks associated with the therapist role (delivering helping skills) (Lent et al. 2009). Supervisors also focus on novice trainees' morale during clinical training, which requires a complex set of skills (Lent et al. 2009). Not surprisingly, the bulk of supervision received by trainees' is provided by licensed psychologists who themselves have extensive training in providing supervision (Hatcher, Wise, Grus, Mangione, & Emmons, 2012).

According to Hatcher et al. (2012), novice trainees have limited knowledge and understanding of how to analyze problems, intervention skills, and how to implement

them into practice. The advanced trainee, on the other hand, has gained a deeper, more integrated knowledge of above-mentioned competencies. This also includes knowledge of scholarly research. Advanced trainees are more comfortable and fluent in their roles and can recognize important symptoms and select appropriate strategies to address the issues (Hatcher et al., 2012).

In summary, this section provided an understanding of the foundation of clinical training as well as what the trainee endures during the clinical practicum training. Overall, the delivery of supervision to the supervisee is an essential aspect of the practicum experience that coincides with and parallels the practicum trainees' delivery of services to clients. One aspect of clinical supervision that has received a great deal of consideration in the research is the supervisory working alliance.

Supervisory Working Alliance

Specific to clinical supervision is the establishment of a supervisory working alliance. According to Efstation, Patton, and Kardash (1990), the supervisory working alliance is defined as the overall relationship between participants (supervisor and supervisee) such that supervisors act purposefully to influence trainees' through their use of technical knowledge and skill in which trainees' willingly display their acquisition of knowledge or skills. Research conducted by Livini et al. (2012) showed that the supervisory working alliance involves agreements concerning a relational bond between the supervisor and supervisee. Perceptions from both the supervisor and supervisee regarding the alliance at the beginning of the supervisory relationship may be different at the end of the relationship once the bond of the alliance has been developed. Further,

Livini et al. discussed evaluation from the supervisor which includes the supervisor evaluating the trainees' skill development and/or the supervision process itself. Greater satisfaction with supervision from the trainees' perspective is related to the presence of a supportive supervisory relationship and positive feedback (Livini et al. 2012). The supervisory relationship allows an opportunity for the trainee to improve clinical skills and increase self-efficacy. The third aspect of clinical supervision that has been cited in research is role conflict.

Role Conflict

The third foundational element of practicum training is role conflict. Role conflict is defined as mutually opposing situational expectations in which the trainee may be expected to reveal weakness to the supervisor at the same time revealing strengths (Nelson & Friedlander, 2001). Student success is defined as gains in clinical experience, growing confidence in self, completion of the practicum and eventually degree attainment (Nelson & Friedlander, 2001). Research conducted by Lindberg et al. (2013) established the idea of a nonlinear U-shaped relationship between role conflict and self-efficacy, which implies very low and very high levels of role conflicts are optimal for the development of self-efficacy. This argument by Lindberg et al. suggests two ways in which different levels of role conflict can enhance self-efficacy: through low levels that facilitate role validation mechanisms or through high levels that support such mechanisms and trigger learning and personal development in a role. Lindberg et al. further suggested that low levels of role conflict could validate a person performing a role well, using effective coping resources thus increasing self-efficacy. This follows

Banduras' (1994) theory on self-efficacy about when a person is motivated to develop and fulfill a specific role.

Role Ambiguity

Finally, the fourth pillar of supervision relates to role ambiguity. Role ambiguity is defined as a lack of clarity regarding expectations of one's role (supervisee) and methods for filling those expectations and the consequences for effective or ineffective performance (Olk & Friedlander, 1992). Depending upon the level of trainees' experience going into practicum, trainees' expectations in supervision would vary. For example, a novice trainee with little experience will most likely be dependent upon his/her supervisor for direction and reassurance, which is speculated to be associated with less self-efficacy during the practicum experience. According to Olk and Friedlander (1992), more advanced trainees are likely to be less dependent upon their supervisors about direction. They may also encounter more role conflict due to expectations of the trainee.

Problem Statement

Self-efficacy has been the subject of numerous investigations including psychology training (Heppner et al., 1998). Self-efficacy theory (Bandura, 1994) is based on the assumption that people's sense of personal efficacy mediates the relationship between what people know how to do and what people actually do. The perception of self-efficacy is theorized to determine how people behave, their thought patterns, and their emotional reactions in certain situations (Larson et al., 1992). Research does suggest that positive self-efficacy beliefs of trainees' in supervised clinical practicum have been

found to lessen anxiety, have a greater positive effect, and show more favorable skill usage (Hanson, 2006; Larson & Daniels, 1998, Lent, Hill, & Hoffman, 2003). Studies on self-efficacy also suggest that self-efficacy varies with trainee developmental level; more advanced trainees report higher levels of self-efficacy than novice trainees (Larson & Daniels, 1998).

Despite the findings on the relationship between self-efficacy and the practicum training experience, there is a gap in literature such that limited attention has been given to whether there is a relationship between clinical supervisors' focus on positive instances on trainees' behavior during the practicum experience and graduate trainees' self-efficacy, the working alliance, role conflict, and role ambiguity. In training programs, positive instances of self-efficacy occur when trainees perform efficaciously, prevail when difficulties arise with clients, expend effort to be effective, and perform at high levels of competence when working with clients. All these positive instances are vital skills to trainees. In theory, if trainees have strong beliefs in their ability to competently perform the skills needed to be effective therapists, then self-efficacy will be congruent with better performance (Heppner et al., 1998).

The relationship between self-efficacy and supervisors' focus on positive instances of the trainees' behavior during clinical practicum training experience has yet to be examined. Thus, the next section discusses the purpose of the study.

Purpose of the Study

Graduate training in applied psychology is important as it helps in the development of skills that will help provide students with the abilities to practice in the

future. The purpose of this quantitative study was a to determine if there is a relationship between self-efficacy, role conflict, role ambiguity, clinical supervision, supervisors' focus of positive instances of trainee behavior, and the overall practicum training experience. A correlation research study was appropriate for the study because a correlation research design uses scientific methods to establish a relationship between groups of variables (see Faul, Erdfelder, Buchner & Lang, 2009). The independent variables were role conflict, role ambiguity, positive instances of trainee behavior, and supervisory working alliance and the dependent variable was self-efficacy.

Self-efficacy is at the center of Bandura's (1994) social cognitive theory. Bandura's theory emphasized the role of observational learning and social experience. A person's attitudes, abilities, and cognitive skills comprise the self-system (Bandura, 1994). This system plays a major part in how situations are perceived and how people behave in response to those situations. According to Bandura, self-efficacy is the belief in one's own ability to succeed in a particular situation. For example, self-efficacy plays an important role in how well students can organize and use their skills to facilitate groups and conduct individual therapy (Lent et al., 2009). Specific to graduate students' in psychology, Larson et al. (1992) suggested that trainees' self-efficacy is implicated in trainees' clinical functioning, affecting the nature of cognitive, affective and behavioral responses while attending to their clients.

According to Bandura (1994), evaluation from others can have a profound effect on an individual's self-efficacy. Many students may view their experience in supervision as outstanding; however, the supervisory relationship may be lacking in some areas

(Nelson & Friedlander, 2001). Clinical supervision requires the student to learn new and difficult tasks and assume multiple roles in service to the effective treatment of individuals seeking mental health treatment. The relationship between supervisor and trainee is the primary vehicle to enhancing the development of the trainee and the quality of that relationship is seen as essential to positive outcomes in supervision (Cheon et al., 2009). Supervision is related to self-efficacy based on the trainees' exposure to an effective model (supervisor) who demonstrates abilities and skills (interpersonal, psychological application of research, ethics, leadership, and intervention) needed to become competent in various roles. This, in turn, plays a part in strengthening individual self-efficacy.

Overall, this section introduced Bandura's (1994) social cognitive theory. It discusses self-efficacy and the important role it plays in the development of trainee clinical skills while in practicum. It also discussed the importance of clinical supervision and the supervisory relationship. The next section introduces research questions and hypothesis related to the research study.

Research Questions and Hypotheses

My goal was to examine whether students' self-efficacy changes during a six-month practicum experience. Factors proposed to mediate changes in self-efficacy during pratica are whether a relationship exists between clinical supervisors' focus of positive instances on graduate trainees' behavior during the practicum experience and graduate trainees' self-efficacy, the working alliance, role conflict, and role ambiguity.

RQ1: Is there a relationship between the supervisory working alliance and self-efficacy, such that stronger alliances are associated with higher supervisee self-efficacy while weaker ones are associated with lower supervisee self-efficacy?

$H_0$1: There is no relationship between supervisory working alliance and self-efficacy.

$H_1$1: There is a relationship between supervisory working alliance and self-efficacy, such that stronger alliances are associated with higher supervisee self-efficacy while weaker ones are associated with lower supervisee self-efficacy.

RQ2: Is there a relationship between supervisee role conflict and self-efficacy, such that lower levels of role conflict are associated with higher self-efficacy?

$H_0$2: There is no relationship between supervisee role conflict and self-efficacy.

$H_1$2: There is a relationship between supervisee role conflict and self-efficacy, such that lower levels of role conflict are associated with higher self-efficacy.

RQ3: Is there a relationship between supervisee role ambiguity and self-efficacy, such that lower levels of role ambiguity are associated with higher self-efficacy?

$H_0$3: There is no relationship between supervisee role ambiguity and self-efficacy.

$H_1$3: There is a relationship between supervisee role ambiguity and self-efficacy, such that lower levels of role ambiguity are associated with higher self-efficacy.

RQ4: Are supervisor/supervisee and supervisee role conflict together related to supervisee self-efficacy?

$H_0$4: Supervisor/supervisee and supervisee role conflict are not related to supervisee self-efficacy.

$H_1$4: Supervisor/supervisee and supervisee role conflict are related to supervisee self-efficacy.

RQ5: Does supervisory focus on positive instances of trainees' behavior during practicum increase trainee self-efficacy?

$H_0$5: Supervisory focus on positive instances of trainee behavior during practicum does not increase trainee self-efficacy.

$H_1$5: Supervisory focus on positive instances of trainee behavior during practicum does increase trainee self-efficacy.

RQ6: Are supervisor or supervisee and supervisee working alliance, role ambiguity and role conflict together related to supervisee self-efficacy?

$H_0$6: Supervisory alliance, role ambiguity, and role conflict are not related to supervisee self-efficacy.

$H_1$6: Supervisory alliance, role ambiguity, and role conflict are related to supervisee self-efficacy.

This section proved the research questions and hypotheses tested in this study. The next section discusses the framework of the study including the major theory behind the study.

Theoretical Framework

I drew on Bandura's (1994) social cognitive theory to understand self-efficacy and make predictions about it based on the supervisory working alliance from the perspective of both supervisor and supervisee, supervisee role conflict, and supervisee role ambiguity. Bandura's self-efficacy theory was developed as part of his social

cognitive theory. The social cognitive theory emphasizes cognitive, behavioral, personal, and environmental factors interact to determine motivation and behavior (Crothers Hughes, & Morine, 2008). According to Bandura, human functioning is the result of the interaction among all three factors (Crothers et al., 2008). Self-efficacy beliefs are an important aspect of human motivation and behavior. These beliefs influence the actions that can affect one's life. For example, in my study, it was expected that an increase in positive supervisee self-efficacy beliefs will increase competence in clinical abilities to assess client needs and conduct individual therapy. Using Bandura's theory and the concept of self-efficacy, several hypotheses between self-efficacy, role conflict, role ambiguity, and the supervisory working alliance have been examined. In the next section, the nature of the study is discussed.

Nature of the Study

The nature of the study is quantitative. Questionnaires and rating scales were used to obtain information from graduate trainees during practicum. Specifically, self-efficacy, role conflict, role ambiguity, and supervisory working alliance will be assessed. Data collected using rating scales on the self-efficacy inventory (Snyder & Friedlander, 1983) was collected during practicum and I analyzed the data using linear regression.

Definitions

Clinical supervision: Clinical supervision is "the formal provision by approved supervisors of a relationship-based education and training that is work-focused and which manages, supports, develops and the work of colleagues" (Milne, 2007, p. 439)

Doctoral graduate trainees: Graduate trainees are those who are enrolled in Ph.D. clinical and counseling psychology programs.

Positive instances of trainee behavior: Positive instances of trainee behavior occur when trainees have an increased sense of practitioner self-efficacy, enhanced self-awareness, enhanced treatment knowledge, enhanced skill acquisition and utilization, and strengthening of the supervisee–client relationship (Watkins, Budge & Callahan, 2015).

Role conflict: Role conflict is when a person is faced with multiple roles resulting in conflicting expectations (Nelson & Friedlander, 2001). Specific to this study, role conflict is conceptualized as when the trainee role expectations are set by the supervisor and these expectations are incompatible between supervisor and trainee. As the trainee progresses through practicum, it is likely that there will be less role conflict and increased self-efficacy.

Role ambiguity: Role ambiguity is a lack of clarity regarding the expectations for one's roles (Nelson & Friedlander, 2001). Specific to this study, role ambiguity is when the trainee begins practicum, they may be uncertain of the expectations required of them. As trainees' progress through practicum it is expected that they will gain self-confidence and the degree of ambiguity will lessen because behavioral expectations and the evaluation process are clearer.

Self-efficacy: Self-efficacy was defined as beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations (Bandura, 1994);

Supervisory working alliance: Supervisory working alliance was defined as "agreements concerning tasks and goals as well as a relational bond and is suggested to be one of the most important factors in the supervision process" (Livini et al., 2012, p. 178).

Assumptions

For the purposes of this study, it was assumed that participants in the study would respond truthfully to the instruments administered to them and that the instruments measure the constructs described. I assumed that since respondents agreed to participate in the study their responses would not affect their roles as therapist or student. The instruments to be administered in the study were shown to have a high face and content validity ensuring that they measure what they are intended to measure (see Efstation et al., 1990; Friedlander & Snyder, 1983; Gonsalvez, 2007;). It was also assumed that no harm would come to the participants at any time during the study.

Scope and Delimitations

The specific aspects of the study include graduate students in their first 6 months of psychology practicum training. I analyzed whether effective supervisors help to build student self-efficacy by focusing on positive instances of student's behavior. The study looked at the relationship between the supervisory working alliance, role conflict, and role ambiguity and determine whether these variables are associated with trainee-self-efficacy. Generalizability was accounted for based on the ability to control the internal consistency of variables. Generalizability of the findings of the study is limited because

studies pertaining to supervisors' focus of positive instances of trainee behavior and self-efficacy have not been studied before.

Limitations

My study may contribute to the way supervisors interact with their students during the practicum experience. This interaction was expected to contribute to social change in how supervision is approached by supervisors and its effects on trainees. A change in student's self-efficacy was measured. While my study should contribute to social change, limitations for the study include limited time constraints as the study did not assess a change over time within subjects, but rather between subjects.

Significance

The significance of the study had potential to help supervisors provide more effective supervision (i.e. feedback, guidance, and modeling behaviors) to their students creating a potential for social change in how supervision is approached by both students and supervisors. I identified specific problem areas (i.e., assessment difficulties, building self-confidence, gaining clinical experience, applying theory to a learned skill set, and the supervisory relationship) that may impact trainees' self-efficacy while in practicum.

Summary

In summary, the purpose of the study was to examine supervision factors (i.e., role ambiguity and role conflict, supervisory working alliance) related to student's experiences during practicum. The students' variables that were examined include experience measured by months of clinical experience, positive instances of student behavior, and student self-efficacy. Supervision variables examined were trainees'

perceptions of the supervisory working alliance. It was hypothesized that a strong working alliance is associated with less role conflict and less role ambiguity. It was hypothesized that students with higher self-efficacy will be associated with success (as defined by completing practicum, gaining experience in psychological assessment, facilitating therapy, etc.) in their roles (i.e., student, therapist, supervisee), and will likely experience less conflict. It was hypothesized that students with low self-efficacy will experience more role ambiguity than those students with high self-efficacy. In Chapter 2, an in-depth review of the literature was discussed. Chapter 3 discussed the methods of the quantitative study.

Chapter 2: Literature Review

Introduction

The purpose of the research focused on clinical supervision and challenges (i.e., role conflict, role ambiguity, and the supervisory working alliance) that may arise for the clinical trainee during the practicum. It also examined whether there is a relationship between clinical supervisors' focus on positive instances of trainee behavior and graduate trainee self-efficacy, where positive instances are defined trainees have an increased sense of practitioner self-efficacy, enhanced self-awareness, enhanced treatment knowledge, enhanced skill acquisition and utilization, and strengthening of the supervisee–client relationship (see Watkins et al., 2015). In this chapter, the extent of research on the variables associated with this study, including trainee role conflict, trainee role ambiguity, supervisory focus on positive instances of trainee behavior, the supervisory alliance, and the roles and expectations of trainees, is reviewed. In the next section, the literature search strategy is discussed. Additional sections of the chapter address research regarding trainee experience with clinical supervision during practicum, as well as any research related to role conflict and role ambiguity during the practicum experience. The remainder of the chapter is divided into the following sections: theoretical foundation, a literature review of key variables and/or concepts, and summary and conclusions.

Literature Search Strategy

An extensive search of the literature was conducted using PsycINFO, PsycArticles, Academic Search Premier, and Sage Premier. Keywords are important

because they provide a thorough reference to studies and help to identify the most recent articles pertaining to the study. The two databases that helped to expand the search were Psycarticles and PsycINFO. Keywords used to narrow the search for this study were *self-efficacy, role conflict, role ambiguity, supervisory relationship, psychology training programs,* and *clinical supervision*.

Many research articles were identified regarding supervision of students beginning their clinical experiences in the field of psychology. Research articles related to clinical supervision and trainee challenges such as role conflict and role ambiguity (see Cheon et al., 2009; Olk & Friedlander, 1992); clinical supervision (see Barker et al., 2013; Cheon et al., 2009; Donohue et al., 2014; Livini et al., 2012); practicum (see Gross, 2005); working alliance (see Cheon et al., 2009; Gelso et al., 2013; Gross, 2005; Heppner et al., 1998; Livini et al., 2012), and self-efficacy (see Lent et al., 2009; Lindberg et al., 2013; Mehr et al., 2014). There were no studies related to whether supervisors help to build trainees' self-efficacy by focusing on positive instances of trainees' behavior. Most of the research was retrieved from academic journals such as *The Counseling Psychologist, Journal of Applied Social Psychology, Training, and Education in Professional Psychology, Canadian Psychology, and Professional Psychology: Research and Practice.*

This section discussed the search of literature related to this study. No research was in regard to whether supervisors help to build trainees' self-efficacy by focusing on positive instances of the trainees' behavior. The next section discusses the theoretical foundation.

Theoretical Foundation

Self-efficacy is at the center of Bandura's (1994) social cognitive theory. The social-cognitive theory consists of four processes of goal realization, self-observation, self-evaluation, self-reaction and self-efficacy (Bandura, 1994). All these components of this theory are interrelated, each having an effect on the trainees' motivation and goal attainment (Pajares & Schunk, 2005). Self-efficacy is developed from the social cognitive theory which suggests that beliefs about self-efficacy can be changed or increased with the effects of personal and environmental factors (Pajares & Schunk, 2005). Self-efficacy differs from self-esteem and self-concept. Compared to self-efficacy beliefs, self-esteem is related to self-worth and self-concept judgments are more general, stable and enduring (Pajares & Schunk, 2005).

According to Bandura (1994), self-efficacy plays a major part in how we perceive situations and how we respond to those situations. He suggested that self-efficacy influences individuals in four ways (Bandura, 1994). Bandura summarized several sources for the development of self-efficacy. First, performance accomplishments can increase self-efficacy due to earlier memories of success can trigger high expectations of oneself to overcome setbacks (Bandura, 1994). Second, vicarious experiences can improve self-efficacy due to modeling successful individuals (i.e., supervisors) which help to increase student's motivation (Bandura, 1994). Third, based on social persuasion, one can be convinced (i.e., by the supervisor) that they (i.e., students) have the required skills for certain activities (i.e., therapy, assessment, etc.) thereby motivating efforts to build self-efficacy (see Bandura, 1994). And, lastly, the influence of physiological and

emotional states where research has shown that the importance of positive mood and situational states of mind guiding thoughts and behaviors to accept certain situations, can lead to increased self-efficacy (Bandura, 1994).

Social cognitive theory can also be used to increase self-efficacy from the supervisory standpoint. According to Bandura (1994), the more supervisors encourage their trainees, the more chances to increase self-efficacy through motivation and performance of the trainee. Bandura posited that supervisors can begin to increase self-efficacy by setting up small goals and increasing the challenge over time.

Larson et al. (1992) suggested that trainee' self-efficacy beliefs are implicated in trainees' clinical functioning, affecting the nature of their cognitive, affective and behavioral responses while interacting with clients. Poor self-efficacy has been investigated as a predictor of both state anxiety (i.e., temporary anxiety in a specific situation) and trait anxiety (i.e., the general tendency to be anxious), as suggested in the research of Lushere, Vaga, Mehr, Landry, and Caskee (2014). Students entering practicum may lack self-efficacy that enables them to successfully fulfill their multiple roles.

Social cognitive theory relates to the present study by presenting a view on a students' perspective of practicum training. It will help future researchers by providing information about trainees' roles during practicum, the supervisory relationship and how it may affect the trainees' self-efficacy. My research questions are intended to prove or disprove whether self-efficacy plays a role in student success (i.e., degree attainment, increased knowledge in their field), and whether role conflict and role ambiguity

influence self-efficacy. Although there are limited studies to support research regarding self-efficacy and graduate training, more research is sorely needed to explore this topic.

Trainee Challenges in Clinical Supervision

Three of the four variables under investigation in the study are role conflict and role ambiguity, supervisory working alliance, and self-efficacy. This section provides information about these challenges as faced by trainees during clinical supervision. A review of the research regarding the relationship between trainee challenges and clinical supervision is presented in detail. Lastly, suggestions in the literature about steps supervisors can take to lessen trainee challenges during clinical supervision are reviewed. These suggestions are included in the literature discussion to inform supervisors regarding what trainees may face during clinical supervision and how both supervisors and supervisees approach clinical training. Subsequent sections provide a critique of the research on the variables to be measured in the study, including role conflict, role ambiguity, working alliance and self-efficacy. Next, role conflict and role ambiguity are addressed because based on the literature, role conflict and role ambiguity have been found in many instances to contribute to trainee difficulties in clinical supervision (see Nelson & Friedlander, 2001; Olk & Friedlander, 1992).

Role Conflict and Role Ambiguity in Clinical Supervision

The attention given to supervision research is plentiful, though much of it is theoretical rather than empirical (Chang, Hays, & Shoffner, 2003). Practitioners have based their ideas about clinical supervision more on theory than empirical evidence (Barker & Hunsley, 2013). Current perspectives on graduate training in professional

psychology emphasize a competency-based approach to supervision with competency defined as the knowledge, skills, and values required to practice efficiently (Barker & Hunsley, 2013). Clinical psychology training programs, also known as the Boulder model, address the integration of science and practice (Donahue & Perry, 2014) through coursework, clinical training, faculty modeling, and socialization into the profession. In other words, students learn how to apply a foundational theory to a core set of learned skills to benefit a population. Under clinical supervision, students practice core sets of skills while becoming more proficient in their ability to conceptualize an understanding of psychological theories through modeling and feedback during supervision. Supervision is considered effective when the supervisee has learned new and different tasks, assumes multiple roles, has enhanced confidence, a refined professional identity and increased therapeutic perceptiveness (Nelson & Friedlander, 2001).

As described in Chapter 1, several challenges to effective clinical supervision have been hypothesized in the research (Barker et al., 2013; Cheon et al., 2009; Olk & Friedlander, 1992). Some of the challenges include trainee role ambiguity and role conflict, and the supervisory relationship. Role ambiguity is defined as a lack of clarity regarding expectations of one's roles and the methods for filling those expectations and consequences for effective or ineffective performance (Olk & Friedlander, 1992). Olk and Friedlander (1992) speculated that role conflict arises when the trainee is expected to reveal weaknesses during clinical supervision at the same time as presenting strengths (i.e., trainees may be expected to explore personal issues during supervision which are

related to therapeutic dilemmas with clients, while at the same time being closely evaluated by the supervisor).

Two seminal studies, Olk and Friedlander (1992) and Nelson and Friedlander (2001), have been singled out here for discussion, as they greatly informed my study. In addition, related literature on the specific variables is discussed in turn. Though the variables under consideration are rarely tested independently, they have been described that way below, for the sake of this review.

The first study to inform the research was conducted by Olk and Friedlander (1992). The authors' purpose was to develop and validate the psychometrics of the role conflict and role ambiguity inventory (RCRAI) and to learn about trainee role conflict and ambiguity in clinical supervision. The RCRAI is a 29-item self-report instrument developed by Olk and Friedlander to measure the nature and extent of trainees' experiences of role conflict and role ambiguity in supervision, and their relationship, if any, to the counseling experience and satisfaction of supervision. As to the psychometrics of the RCRAI, Olk and Friedlander found the RCRAI to be a reliable and valid measure of trainees' experiences of role conflict and role ambiguity in supervision. Reliability of the RCRAI was conducted using a dependent *t* test (two-tailed) to compare the mean ratings between role ambiguity and role conflict.

For their study, Olk and Friedlander (1992) looked specifically at the RC (role conflict) and RA (role ambiguity) scales of the RCRAI. Olk and Friedlander hypothesized that role conflict and role ambiguity occur in supervision when the trainee has difficulty managing several roles (i.e., student, trainee, colleague, and therapist), or

when the trainee is faced with showing weakness. For example, weaknesses may include lack of self-confidence in the ability to conduct individual or group therapy, complete assessments, or consult with colleagues. Thus, they expected that scores on the RC and RA scales would be significantly above normative means (Olk & Friedlander, 1992).

Olk and Friedlander (1992) examined the relationship of these role difficulties with counseling experience, satisfaction with supervision, and anxiety and satisfaction with clinical work. Olk and Friedlander predicted that trainees who experienced higher levels of role ambiguity and role conflict would report being more dissatisfied with the supervisory relationship compared to this with lower RA and RC scores on the RCRAI. They also expected beginners to be more likely than advanced trainees to experience role ambiguity.

Using the RCRAI, Olk and Friedlander (1992) interviewed six experienced supervisors and nine graduate-level psychology counselors-in-training in practicum, internships, or post internships. The inclusion of supervisors for this study deemed important as these supervisors had considerable experience (M=13.5 years) as counselors and had been supervisors for M=6.33 years (Olk & Friedlander, 1992). Independent of the RCRAI, participants were given descriptions about various roles (student, trainee, counselor, and client) identified in the literature as well as definitions of role conflict and role ambiguity (Olk & Friedlander, 1992). Based on the descriptions, participants were asked questions related to specific roles (student, trainee, counselor, and client) and asked to describe in detail situations where the subjects had experienced role conflict and role ambiguity (Olk & Friedlander, 1992). Supervisors included in the study were asked to

describe instances when they observed their trainees' experiencing role difficulties (Olk & Friedlander, 1992). Olk and Friedlander proposed that advanced trainees experienced more role conflict with less role ambiguity then novice trainees.

Olk and Friedlander (1992) found that role ambiguity was more prevalent then role conflict across training levels. Significant differences were found between the variables. Overall, subjects rated items on the RA scale higher (M = 2.04, SD = .73) than those on the RC scale (M =1.57, SD =.62), p<.0001 (Olk & Friedlander, 1992). The authors endorsed that supervisors should be aware of the potentially damaging impact of trainees' experiences of role conflict and ambiguity (Olk & Friedlander, 1992). My study revealed that supervisors may be able to minimize the difficulties by providing role descriptions to novice trainees by teaching trainees about the various roles and role expectations while in the practicum experience.

The validity of the RCRAI used in the study by Olk & Friedlander, 1992 was assessed based on the responses from a national sample of trainees (described in greater detail in Chapter 3). Validity was supported by a content validation test of each item (29 total items on the RCRAI), by factor analysis, and by significant associations with theoretically relevant variables. Item-scale correlations for the RA scale ranged from r = .50 -.72 (Cronbach's α =.91). For the RC scale, they ranged from r = .37-.77 (Cronbach's α =.89). The two scales were correlated, (r = .59 p<.01). However, with the validation of the RCRAI, Olk, and Friedlander (1992) addressed three common problems regarding supervision: lack of nationwide sampling, lack of attention paid to experiences of

advanced trainees' and lack of psychometrically sound instruments developed for supervision.

Olk and Friedlander (1992) recommended that in future studies using the RCRAI, it might be possible to determine precisely how serious role difficulties affect the process and outcome of supervision and whether the problems jeopardize the supervisory alliance or trainees' work with clients. Overall, Olk and Friedlander's work contributed to research regarding psychology practicum training in that it provided information related to what trainees may face during practicum and internships with regard to role conflict and role ambiguity. Primarily, they confirmed that the more advanced trainees experienced less role ambiguity (Olk & Friedlander, 1992). They also identified that beginning trainees' experience more role conflict and role ambiguity (Olk & Friedlander, 1992). Generalizations cannot be made based on the preliminary studies that these results occur for all trainees in supervised psychology practicum. Olk and Friedlander also developed and validated a useful tool to help measure trainee role conflict and role ambiguity while in a supervised practicum. A limitation of the study includes a low number of participants. Olk and Friedlander contribute this limitation to the idea that directors at training sites may not have chosen to distribute questionnaires to trainees.

Like Olk and Friedlander (1992), Nelson and Friedlander (2001) hypothesized that conflictual supervisory relationships have a negative influence on the training experience. Specifically, they speculated that so-called nonproductive conflict contributes to harmful experiences (i.e., role conflict, role ambiguity, lack of investment on the part of supervisors, the absence of confirmation of the supervisees' strengths) of trainees

while under clinical supervision. Nonproductive conflict was defined as an impasse in supervision subjectively experienced by the trainee as harmful or having had a decisively negative impact on the training experience (Nelson & Friedlander, 2001). Thus, they expected to find that participants who felt harmed by the experiences in supervision compared to those trainees who did not feel harmed by experiences in supervision would contribute to knowledge about potential causes and consequences of nonproductive conflict in supervision (Nelson & Friedlander, 2001).

In the mixed-methods study by Nelson and Friedlander, 2001, the researchers examined nonproductive conflict in supervision via interviews with trainees' whose supervisory experience took place within 6 months to 3 years. The interview was used to set the framework to provide descriptions regarding trainees' experiences in supervision, which affected their self-concept, behavior, and professional development (Nelson & Friedlander, 2001). Nelson and Friedlander (2001) recruited a sample of 13 doctoral students in clinical and counseling psychology programs. The age range of participants was 29-52 years old (Nelson & Friedlander, 2001). Using the supervisory styles inventory (SSI; Friedlander & Ward, 1984) and RCRAI (Olk & Friedlander, 1992), Nelson and Friedlander collected data using interviews and questionnaires to identify interpersonal impasses in supervision, as well as the contributing conditions (i.e., unstable conditions at the training site, role ambiguity between primary and secondary supervisors, site bias against counseling psychology) and supervisees' responses and coping strategies.

Scores on the SSI ranged from 1 (low) to 6 (high). Normative means for the AT scale are 5.23 for practicum trainees and 5.28 for interns; means for the IS scale are 5.41 for practicum trainees and 5.77 for interns (Friedlander & Ward, 1984). High attractive (AT) scores reflect warm collegiality; high interpersonally sensitive (IS) scores reflect a focus on the supervisory relationship. Quantitative results of the study using the Supervisory styles inventory (SSI), (Friedlander & Ward, 1984) revealed that nine participants rated their supervisors more than 2 *SD's* below the mean on the attractive (AT) scale and 8 participants rated their supervisors more than 2 *SD's* below the mean on the interpersonally sensitive (IS) scale. This study by Nelson and Friedlander (2001) showed that participants' ratings of their supervisors on these two scales were well below the normative means. The authors interpreted this information then, that trainees did not experience a sense of mutual engagement with their supervisors. They further interpret the findings as negative trainee perceptions of their supervisors, and trainee perception of insensitivity on the part of their supervisors to work through supervisory relationship difficulties. Common themes in supervisees' phenomenological experiences of harmful or nonproductive conflict in supervision were revealed in Nelson and Friedlander (2001). One theme identified by the authors as primary to the study was power struggles within the supervisory relationship. These were evidenced by trainees' reports of disagreements with their supervisors about tasks and goals in supervision and reflected in high RC scores on the RCRAI (Nelson & Friedlander, 2001). The supervisees' in this study (Nelson & Friedlander, 2001) expressed feelings of powerlessness when role conflict occurred and described in several cases a lack of trust and support from the beginning. In

their discussion of the results, Nelson and Friedlander (2001) suggested that if a conflict in supervision is not resolved, it could potentially damage the trainee both personally and professionally.

Role ambiguity may be more prevalent than role conflict during the practicum experience; however, Nelson and Friedlander (2001) found that difficulties with role ambiguity diminished as students in their sample gained more experience. Interestingly, increased role conflict was found to be more prevalent among experienced students/trainees from whom there was little role ambiguity compared to those trainees with less experience.

Based on results of their research, Nelson and Friedlander (2001) proposed that role ambiguity involves trainees' uncertainties about their supervisor's expectations of roles or how to perform those role expectations and in regards to role conflict, experiences in which expectations associated with various roles oppose those that are associated with the supervisors' directives and recommendations. In their discussion of implications, Nelson and Friedlander (2001) recommended that supervisors need to understand and handle power issues that occur in supervision. They note that the supervisory relationship is based on communication, therefore continued communication within the supervisory relationship may help to diminish power struggles from the beginning as well as clarify expectations on the part of the supervisee (Nelson & Friedlander, 2001).

Overall, we learned from Nelson and Friedlander (2001) that in order for trainees to gain experience during clinical training, the relationship between the supervisors and

supervisees must be examined closely. Primarily, we know that for this study role conflict and role ambiguity was shown to be problematical for some trainees during supervision. The need for conflict resolution strategies for supervisors during supervision was recommended in order to provide new professionals (trainees) with a sense of confidence in their supervisors to resolve conflicts as they arise (Nelson & Friedlander, 2001).

Olk and Friedlander (1992) and Nelson and Friedlander (2001) reviewed role conflict and role ambiguity in clinical supervision. Although these studies by Olk and Friedlander (1992) and Nelson and Friedlander (2001), are with limitations, the underlying message indicates that difficulties do arise in clinical supervision between supervisee and supervisor. An example of a difficulty that may arise in clinical supervision is when the supervisor and supervisee do not agree on certain tasks/goals while in supervision. When those difficulties are identified and managed successfully by both supervisor and supervisee, the relationship between the supervisor and supervisee can be efficacious.

What remained to be determined was whether supervisors' focus on positive instances of trainees' behavior affects trainee self-efficacy during clinical training. As described in Chapter 1, positive instances of trainees' behavior for the study include when trainees perform efficaciously, prevail when difficulties arise with clients, expend effort to be effective, and perform at high levels of competence when working with clients. This strength-based model of supervision is an important area to study as it may inform future researchers whether or not there is a relationship between self-efficacy and

supervisors focus of positive instances of trainees' behavior during clinical supervised training.

This section provided information related to role conflict and role ambiguity in clinical supervision. From these studies by Nelson and Friedlander (2001) and Olk and Friedlander (1992), we learned that role ambiguity has primarily been shown to diminish as trainees gain more experience, and, when conflict increased, satisfaction with supervision decreased. However, given the few studies (Nelson & Friedlander, 2001; Olk & Friedlander, 1992) conducted/reviewed, our confidence in these results is quite limited, especially given the small sample sizes. The supervisory relationship is an important aspect of clinical training. In their discussion, Olk and Friedlander (1992) encourage future research to focus on how role difficulties affect the process and outcome of supervision and whether role difficulties jeopardize the supervisory relationship. The next section discusses the supervisory working alliance.

Supervisory Working Alliance

Aspects of the trainee experience, such as the supervisory working alliance, have been studied in some depth (see Bernard & Goodyear, 1998, see Cheon et al., 2009; see Enyedy et al., 2003; see Ganske, Gnilka, Ashby, & Rice 2015; see Gray, Ladany, Walker & Accis, 2001; see Nelson & Friedlander, 2001; see Watkins, 1997) and were addressed, if tangentially, in the two studies above on RA and RC (Nelson & Friedlander, 2001). Review of the literature (see Nelson & Friedlander, 2001; see Cheon et al., 2009; see Gross, 2005; see Livini et al., 2012; see Reese et al., 2009) indicated that trainee satisfaction with supervision on the part of the trainee seems to occur within the

supervisory relationship and within the context of the working alliance. The purpose of this section is to discuss the supervisory working alliance and how it was related to the overall practicum experience.

The supervisory working alliance is typically defined as an "agreement between the supervisor and the supervisee concerning supervisory tasks and goals. It also referred to the quality of the relational bond between members of the supervisory dyad and is suggested to be one of the most important factors in the supervisory process" (Livini et al., 2012). According to Cheon et al. (2009), there are three components of the working alliance- task, goal, and bond, each of which influences trainee satisfaction. Cheon et al. (2009) defined task as the activities in therapy that are the principle of the process. The goal is the agreement of the steps and outcome of the therapeutic process. The bond is the positive personal attachment between individuals within the relationship which include mutual trust and acceptance.

Cheon et al. (2009) speculated that the particular match between supervisor and supervisee is related to both role conflict and supervisory satisfaction and, hence, overall supervisee satisfaction. The purpose of Cheon et al. (2009) study was to explore and identify the intersection of key variables (supervisory working alliance, role conflict, and supervisee satisfaction with supervision) in supervision among master's level marriage and family therapy trainees. Cheon et al. (2009) hypothesized that environmental (setting, length of time, and training) and method-based variables (supervisory format, structure, interventions, and theoretical styles) would be related to the compatibility between the

supervisor and supervisee as reflected by supervisee satisfaction with the supervisory experience.

Cheon et al. (2009) created an 84-item questionnaire online survey for the study. The survey asked questions related to satisfaction with supervision as well as several demographic questions. Cheon et al. (2009) received feedback from 132 graduate students from marriage and family therapy programs. To measure supervisory relationships, Cheon et al. (2009) used the 36-item Working Alliance Inventory-Supervisee (WAI-S) developed by Baker (1991) to assess supervisees' perceptions of the supervisory relationship. The 13-question Role Conflict (RC) subscale of the RCRAI, Olk and Friedlander, (1992) was used to measure participants' perceived level of conflict in supervision. Participants of the study averaged 29 years of age with 25 months of supervised experience. Cheon et al. (2009) analyzed their data using multiple regressions.

Results of Cheon et al. (2009) indicated that whole predictor variables (working alliance, role conflict, matching, and months spent in supervision) accounted for 82.7% of the variance associated with supervisee satisfaction with supervision ($F (9, 95) = 50.57$, $p<.001$). The supervisory working alliance alone explained 67.24% of the variance in participants' satisfaction with supervision, while role conflict alone explained 35.28% of variance related to trainees' satisfaction with supervision. Interestingly, length of time in supervision did not contribute to supervisees' satisfaction with supervision regardless of whether role conflict or working alliance were included as factors in the analysis (Cheon et al., 2009).

According to Cheon et al. (2009), their findings surrounding the supervisory working alliance and satisfaction in supervision suggested that individual contextual (i.e., age, gender, ethnicity) or methodological variables (i.e., supervisory format, interventions, and theoretical styles) of the supervisor or supervisee did not necessarily lead to satisfaction, but rather the relationship between the two led to satisfaction. So, Cheon et al. (2009) showed that, for their participants, the supervisory relationship itself, through a strong working alliance, acted as a mediator for variables of context, method, and environment on the outcome of satisfaction.

Despite some promising findings regarding the relationship between the supervisory working alliance and satisfaction in supervision, the generalizability of Cheon et al. (2009) study is limited by its small sample size and use of master's level trainees in marriage and family therapy programs, where the rigors and requirements of training may or may not be applicable to doctoral students in applied psychology programs. Cheon et al. (2009) study is also limited in that only supervisee's perception of the supervisory relationship and their satisfaction with the relationship was assessed rather than perceptions of both supervisee and supervisor. Cheon et al. (2009) suggested that future research should gather perspectives of both the supervisee and supervisor in order to advance understanding of those participating in these types of relationships. From Cheon et al. (2009) study, it is evident that the supervisory relationship appears to be an important area where more research is warranted.

Another example of the supervisory working alliance that studied trainee satisfaction in supervision is by Bucky, Marques, Daly, Alley, and Karp (2010). In their

study, the authors identified strengths and weaknesses in supervisor characteristics that contribute to trainees' clinical training experience and also identified supervisors' relationship variables that positively and negatively related to the supervisory working alliance. Bucky et al. (2010) emailed questionnaires to 90 doctoral psychology students pursuing either a Ph.D. or PsyD. Participants included 13 men and 74 women. Supervisors included 46 men and 40 women. Trainees were asked to provide anonymous feedback regarding their supervisors in an effort to improve overall training experience. The Supervisee Evaluation of Supervisor Questionnaire was used in this study. The questionnaire was developed by the Supervision Task Force of California School of Professional Psychology. The questionnaire was divided into three parts: demographic section (i.e., setting, age, and theoretical orientation of the supervisor), the evaluation section (i.e., empathy of supervisor, positive attitude towards supervisee and/ or supervision, supervisor confidence in supervisee, respectful to trainee), and an open-ended section (i.e., overall trainee rating of supervisor during clinical supervision). Students were asked to rate their supervisors under the evaluation section grouped as cognitive, emotional/personality, character, and relationship issues. The questionnaire was analyzed using SPSS. Results of the study for each dimension are as follows: cognitive dimension indicated an internal consistency of α=.948, emotional/personality indicated an internal consistency of α=.985. The highest percentage indicated that supervisees rated supervisors as having a positive attitude towards themselves; character dimension revealed an internal consistency of α=.977. The highest percentage for this dimension indicated that trainees felt that their supervisors had ethical integrity. The last

section, relationship issues, showed an internal consistency of α=.987 which trainees listed their supervisors as good listeners. Overall, general ratings of supervisors by supervisees showed sixty-eight percent of supervisees rated supervisors' as outstanding. Based on these results, it was suggested that these supervisor characteristics contribute to the quality of the supervisory working alliance (Bucky et al., 2010). This study is important to the proposed research as it further helps to demonstrate the importance of the supervisory relationship and its effect on the trainee. Future research suggested by the authors call for qualitative studies to gather specific information regarding emotional/personal and cognitive characteristics or relationship issues that trainees' experience as strong contributions to the quality of the supervisory relationship. The present study consists of face and content validity as well as strong internal consistency (Bucky et al., 2010).

A third example of the supervisory working alliance was examined in a study conducted by Parcover and Swanson (2013). In their study, the authors' purpose was to better understand the process of career-counseling supervision via the study and nature of the supervisory relationship. According to Parcover and Swanson (2013), the importance of the supervisory relationship includes having mutual agreement and understanding of goals and tasks of supervision. While the supervisory relationship is emphasized, this study gives emphasis to another example of supervisors providing support, consultation, and instruction during supervised clinical training. In this study, supervisor-trainee pairs were critically observed over the entire course of the supervisory relationship. A case study method was used. Participants included five graduate students enrolled in the

second semester APA approved doctoral practicums; one male and four females. Age ranged from 23-31 years. Two supervisors provided weekly supervision for all trainees. Ages of the supervisors were 33 and 50 with a combined 18 years of supervision experience. Several instruments were used in this study to record data of supervision. The first instrument, Critical Incidents Questionnaire (CIQ) was designed to gather qualitative data about any critical incidents during supervision. Examples of critical incidents that were examined included any times during supervision that resulted in a change in trainees' effectiveness as a counselor. The next instrument, the Working Alliance Inventory-modified (WAI-M) was developed by Baker (1990) and is a 36-item self-report questionnaire that measures the extent of supervisee and supervisor thoughts and feelings towards one another during sessions. The third instrument, the Supervisor Rating Form (SRF) allows supervisees to rate their supervisors for their expertise, attractiveness, and trustworthiness. There are 36-items, each rated on a 7-point Likert rating scale. Levels of inter-item reliability within dimensions ranged from .85 to .90, and the split-half reliabilities were reported to be .87, .84, and .90 for the expertness, attractiveness, and trustworthiness subscales, respectively. Internal consistency coefficients for the SRF and its subscales ranged from .89 to .99. The fourth instrument used in the study, Supervisor Evaluation Ratings (SER), based on Worthington and Roehlke's (1979) three items, allows trainees to assess satisfaction with supervisors, the competence of supervisors, and the impact of trainee interactions with supervisors improving counseling ability. Cronbach's alpha (α= .83) for the 7-point Likert scale rating with six-week test-retest reliability range .70-.87. The final instrument, Counselor Evaluation Rating Scales

(CERS) developed by Myrick and Kelly (1971) was designed to provide systemic evaluation of counselor trainee in a supervised setting. This 27-item report permits a respondent to rate counselor performance in counseling and his/her supervisory behavior. This instrument uses a 7-point Likert rating scale for each item. Split-half reliability coefficient was .95 after 4-week test-retest reliability was .94. Results of the study indicated that trainees were satisfied with the outcome of supervision when a strong, positive relationship is developed within the supervisory relationship (Parcover & Swanson, 2013). Other findings from this study indicate that congruency between supervisor and trainee in perceptions of task, goals, and bond was important in the development of a sound working alliance. Incongruence between these variables led to problems when left unattended. The results suggest that establishing recognition of any discrepancy in supervision and working towards an understanding of the goals and tasks throughout supervision may enhance the bond between supervisor and trainee. Limitations of the study included external validity of the findings. A small sample size of the participants led to generalized results in this case. Also, the case study method used did not control for effects of extraneous variables (i.e., demographic characteristics of trainee and supervisor, trainee developmental level, and experience of supervisor) which prevents the possibility of making casual inferences.

Overall, the results of these studies (Bucky et al., 2010; Cheon et al., 2009; Parcover & Swanson, 2013) suggest that the supervisory working alliance can be a positive experience. Personal characteristics of both supervisor and supervisee have been shown to contribute to the supervisory working alliance. A positive supervisory alliance

allows for the personal and professional growth of the trainee. Trainees experiencing a positive relationship with their supervisors were less defensive, and more open to growth-promoting experiences (Parcover & Swanson, 2013).

Supervisors providing supervision are expected to be competent, pleasant, personable, and willing to provide useful training while being supportive of their trainees' efforts (Nelson & Friedlander, 2001). Nelson and Friedlander (2001) study of the supervisory relationship, suggested that some trainees' reactions to conflict with supervisors were associated with lack of trust (i.e., caught between primary and/or secondary supervisor and not knowing whom to trust), lack of safety (i.e., guarded behavior associated with mood swings from supervisor), stress (i.e., supervisee not a priority), fears (i.e., not succeeding while under supervision, and moderate to extreme self-doubt resulting from interactions with supervisors), health problems (i.e., stress) and obsessive analysis of their own behaviors. Nelson and Friedlander (2001) proposed that the conflictual experience helped to strengthen the trainees' sense of self-validation received from others as a function of learning to cope with the conflict. The well managed conflictual experience showed as an unexpected positive outcome and growth as therapists.

In another examination of the supervisory working alliance, Gross (2005) considered the lack of student perspective of clinical psychology practicum. Gross (2005) sought to gather the student perspective on clinical psychology programs. The author hypothesized that communication between the student and their schools regarding practicum was not candid (i.e., students giving inaccurate feedback to avoid receiving

poor evaluations; losing a positive recommendation and creating a bad relationship with their supervisors). Gross (2005) surveyed 321 clinical psychology doctoral students who had completed a practicum. The survey research queried students on various aspects of training including what students expected to receive versus what they actually received at their practicum and whether they reported any discrepancies to supervisors, peers or administration. Data were categorized based on principles of content analysis. Each statement on the survey was examined in order to find common themes related to student training. Gross' (2005) results of the study proposed that relationships at some point involve unmet expectations resulting in a violation of trust, disappointment, and related feelings that must be dealt with for the relationship to progress in a meaningful way. Gross (2005) further suggested that some of the unmet expectations in supervision are benign but may indicate a training experience that differs from what was committed to ahead of time which constitutes compromised training. As discussed by Gross (2005), implications for the profession include negative ramifications for unmet student expectations and lack of practical avenues for offering and processing feedback. Gross (2005) suggested that in order to meet student expectations in practicum, a registry for student complaints would be one approach to gather feedback from students concerned with negative repercussions. This feedback could provide data about the scope of unmet expectations, nondisclosure and related problems that could stimulate additional research for these concerns.

This study from Gross (2005) is important to the profession of psychology in regards to practicum training because it provided a look at the student perspective of

practicum training. It provided information for supervisors, practicum site administration as well as the profession as a whole in regards to the issues and dynamics that students may face during practicum which impact their training experiences.

In addition to the supervisory working alliance described above, supervisory behaviors and styles vary considerably in supervision (Friedlander & Ward, 1984) and, certainly, may be related to the supervisory working alliance. While these are outside the purview of the study, they are worth mentioning. In their research, Friedlander and Ward (1984) discussed three supervisory styles: attractive, interpersonally sensitive, and task oriented. According to Bandura (1994), evaluation from others can have a profound effect on an individual's self-efficacy. This may be related to the supervisory working alliance in that the feedback from supervisors may affect the trainees' self-efficacy while in clinical training. This also relates to the study's hypothesis that if supervisors focus on positive instances of student's behavior, self-efficacy may increase. It is proposed that when the focus is positive in light of a student's competencies in areas like assessment and individual therapy; the student is more likely to have an increase in self-efficacy opposed to those instances where the focus is negative thus decreasing self-efficacy. For example, studies discussed above by Parcover and Swanson (2013) indicates that trainee satisfaction in supervision is achieved when there is a strong supervisory alliance. A strong alliance may lead to more productive use of time, and a greater learning experience.

Likewise, Livini et al. (2012) suggested that the supervisory alliance and its effect on self-efficacy are important in determining the quality of supervision. The supervisory

relationship involves agreements concerning tasks and goals as well as a relational bond as referenced by Livini et al. (2012). Perceptions of the alliance at the beginning of the supervisory relationship are likely to be different than later due to the later perceptions after the bond has been established. Livini et al. (2012) further speculated that the supervision alliance has been shown to predict satisfaction with supervision when there is a positive supervisory alliance.

In summary, the above research (Cheon et al., 2009; Gross, 2005; Livini et al, 2012; Nelson & Friedlander, 2001) showed that the supervisory working alliance has both theoretical and empirical support as a crucial piece of trainee development. Furthermore, the supervisory relationship may affect self-efficacy of the trainee (Bucky et al., 2010; Cheon et al., 2009; Gross, 2005; Livini et al., 2012; Nelson & Friedlander, 2001; Parcover & Swanson, 2013;). We have also learned that looking at unmet trainee expectations in supervision is important and that supervisors should address goals and expectations at the beginning of practicum training (Gross, 2005). The power of the relationship between the supervisory alliance and supervisees' relationships with clients is evident. The next section directly addresses the limited research regarding supervisor focus of positive instances of trainee behavior and the supervisory relationship. Although research has not been directly conducted regarding supervisor focus of positive instances of trainee behavior and the supervisory relationship, there are decades of research on positive reinforcement. This is a good avenue to pursue as it will help further inform the field of psychology the role supervisors play in the development of trainees.

Positive Instances

In regard to positive instances of trainee behavior, this study looked at supervisor focus on trainees' behavior during clinical psychology training. Although there is limited research on the concept of positive instances that informs the study, there are decades of research on positive reinforcement. The concept of supervisory focus of positive instances has yet to be applied to the supervisory relationship and the relationship to self-efficacy.

One study that informs this concept of positive reinforcement is by Fialkov and Haddad (2012). This research focused on effective supervision based on the character strengths of the trainee within the service of the supervisory relationship. Fialkov and Haddad (2012) talked about appreciative clinical training. Appreciative clinical training highlights strengths in supervision relationships. The basic concept is to refocus attention and memory through the use of assessments, reflective dialogue and appreciative inquiry (AI). This training is informed by the principals AI that implied in order to have a successful relationship, focusing on strengths is more effective than focusing on problems. This focus helps to determine what a trainee wants out of the supervisory relationship. Using strength-based questions help focus on what trainees expect from clinical training. For example, a question one might ask is when supervision is going well which strengths shine through.

Fialkov and Haddad (2012) recruited 76 graduate students from urban, northeastern clinical psychology programs. The participants included 59 advanced graduate students recruited over three years from a clinical supervision seminar, and 17

graduate students drawn over two years from a positive psychology class. The average age for the participants was 34 years. The study was based on an opportunistic sample, meaning that its focus was to gather data about the character strengths of graduate students in a clinical psychology training program. The goals of the training model used in this study were to refocus the attention and memory of the supervisors, so they attend to and cultivate their character strengths within the supervisory relationship.

Fialkov and Haddad (2012) used the (VIA-IS) in their research. The VIA-IS, or inventory of strengths, was developed by Peterson and Seligman (2004) at the VIA Institute on Character, a nonprofit organization located in Cincinnati, Ohio. VIA previously stood for "Values in Action" but was changed in 2007 in order to place emphasis on primary focus of core character. This online survey is a self-report measure that explores 24 strengths and six organizing categories called virtues. Peterson & Seligman (2004) defined character strengths as strengths that a person owns and exercises. The scales of the VIA-IS have satisfactory alphas (α>.70), test-retest correlations over a 4-month period were found to be substantial (α>.70). The VIA-IS developed by (Peterson & Seligman, 2004) showed acceptable internal consistency and test-retest reliability. It also had moderate levels of psychometric validity. Participants were asked to present their strengths to a class after the completion of the VIA-IS survey (Peterson & Seligman, 2004) for informal feedback. Examples of the questions included "where are your strengths rooted?", "How do your strengths show up in your clinical practice?", "What strengths are clearly evident and which ones are less marked?", "Are these strengths discernible in your supervision practice?"

In the study by Fialkov and Haddad (2012) VIA-IS (Peterson and Seligman, 2004) survey results were analyzed to describe group characteristics which had implications for the development of assessment and competency-based learning objectives and teaching strategies. Findings from Fialkov and Haddad (2012) suggested that the character strength comprising of humanity was higher among clinical psychology students when compared to the general population (p=.004). They also found that characteristics of love, perseverance, and social intelligence were higher among clinical psychology students when compared to the general population (p<.01). Other findings from the study asked participants to consider "How learning supervision from an appreciative teaching-model emphasized self-reflection. In other words, when students assess and describe the origin of the character strengths, and present the strengths to their colleagues, the supervisory relationship is said to be strengthened. The idea was to tell and retell the narrative through reflective feedback. Limitations of the present study indicate that character strengths have yet to be systematically assessed in the training of professional psychologists and supervisors. There was also a call for a future study to determine if character strengths are associated with psychology students or supervisors who are identified as successful.

In another example of strength-based training, Watkins et al. (2015) discussed the change in supervisees' during the supervision process by focusing on psychotherapy supervision. The authors pointed out the primary purpose of supervision is to develop and enhance treatment skills, help the supervisee to develop a psychotherapist identity, and safeguarding patient care (Watkins et al., 2015). Favorable outcomes of supervision

included increased self-efficacy, enhanced self-awareness, enhanced skill acquisition, and enhanced treatment knowledge. The specific focus of the study by Watkins et al. (2015) was on the supervisor-supervisee outcome and specifically how supervision works. The focus on the "how" question relates to the psychotherapy relationship and it can be used to inform the supervisor-supervisee relationship. In other words, what happens in supervision that positively affects therapists' treatment behaviors and how this positive learning affects better delivery of treatment to patients. Review of the literature on this topic led Watkins et al. (2015) to consider the importance of the supervisory relationship and how the relationship helps build trainee skills and create change within the trainee. Using Wampold and Budge's (2012) model of the psychotherapy relationship, Watkins et al. (2015) focused on critical and common factors of supervision and how these factors converge to create supervisee change. The Wampold and Budge model of psychotherapy relationship focused on the initial relationship between therapist and trainee and three pathways to patient change (i.e. the real relationship between therapist and patient, the creation of expectations on the part of patient and patient's participation in healthy actions). The model related to focus on positive instances in that it would benefit the supervisee by removing self-doubt (increase in self-efficacy), skill building (focus on building a relationship with patients) and focus on therapist identity development (trainees are able to make an effort to be effective therapists/leaders).

Although the views of supervision through both the Wampold and Budge (2012) model of the psychotherapy relationship and Watkins et al. (2015) are similar as far as the relationship is the central change process for supervisee, aspects of the relationship can

be seen differently across supervision approaches. The Watkins et al. (2015) model also lacks research support. Questions answered by this model by Watkins et al. (2015) included "Is the alliance bond predictive of the favorable unfolding of the three change pathways and resulting supervisee outcomes? How does the goals/tasks component contribute to supervisee skill/competence acquisition and enhancement?" (p. 224). In answer to these questions when the initial relationship is formed between supervisor and supervisee, the supervisee may judge the supervisors' eagerness to participate in supervision, supervisor expertise, and the supervisees' motivation for supervision. When those judgments are positive, the model predicts, supervisor actions are increasingly likely to have positive influence on the supervisee and the supervision process. Where those initial judgments are negative, supervisor actions are far less likely to be viewed favorably and have desired impact (Watkins et al., 2015). This model relates to supervisor focus of positive instances on trainee behavior in which trainees are more likely to perform efficaciously and expend effort to be effective.

Overall, Failkov and Haddad (2012) and Watkins et al. (2015) provided information regarding the importance of strength-based approach to supervision. We have learned that beginning trainees may experience anxiety but with a strong bond created within the supervisory relationship, anxiety can be decreased. We have also learned becoming a therapist is both a personal and professional development process, beginning therapists usually have deficits in skills, experience and knowledge, and with time trainees' increase skills and knowledge. This can increase trainee self-efficacy, help trainees improve the therapist-client bond, and have an overall positive effect on the

supervision process itself. Although there is an abundance of literature relating to the positive reinforcement in supervision, there are limited articles in regards to how supervisor focus of positive instances of trainee behavior is related to the supervisory relationship and self-efficacy. The next section discusses self-efficacy.

Self-Efficacy

Determining and increasing a psychology trainee's level of self-efficacy, specifically, makes sense because, decades of research, generally, has shown that students with high self-efficacy work-hard, seek help when completing challenging tasks, feel less apprehensive asking for help, and approach difficult tasks at hand instead of ignoring them (Bandura, 1994). Conversely, Bandura (1994) stated that students with low self-efficacy shy away from difficult tasks, have low aspirations, give up quickly and dwell on personal deficiencies. Larsen and Daniels (1998) after reviewing the literature on psychology trainee self-efficacy suggested that trainee self-efficacy varies with trainee developmental level, with more advanced trainees reporting higher levels of self-efficacy. Lent et al. (2009) found that trainee self-efficacy showed moderate to large gains over the first semester of practicum and that these gains were associated with trainees' having more opportunities to practice their skills with actual clients and continued clinical supervision. There is an abundance of research on trainee self-efficacy and some of that research was discussed below. These articles were selected based on the relevance to the study where self-efficacy has been shown to be related to supervisory working alliance.

According to Ganske et al. (2015), graduate students may have various concerns regarding supervision during practicum. Some of these concerns include, for example,

wanting to learn from a competent therapist, managing various roles, and doubting their competencies. In order to address these concerns, the authors Ganske et al. (2015), speculated trainees' needs a supervisor who is competent, can increase self-efficacy, and help the trainee balance the various roles he or she will assume. If trainee concerns were addressed, it was hypothesized that the student will most likely leave the practica with both increased knowledge and increased self-efficacy.

What was not known, however, was whether self-efficacy increases for trainees during practicum when the supervisor focuses on positive instances of the trainees' behavior. As defined in Chapter 1, positive instances of a trainee behavior for the present study included trainees have an increased sense of practitioner self-efficacy, enhanced self-awareness, enhanced treatment knowledge, enhanced skill acquisition and utilization, and strengthening of the supervisee–client relationship. This is important to look at because it is speculated that when the supervisor focuses on what the training is excelling at (i.e., improved assessment skills, confidence in individual therapy) self-efficacy would increase.

As is clear from the research (Bucky et al., 2010; Nelson & Freidlander, 2001; Olk & Friedlander, 1992; Parcover & Swanson, 2013) related to role conflict, role ambiguity, clinical supervision, and self-efficacy, there is a common theme in the literature; clinical supervision is important to help develop trainees' skills and competencies in the field of psychology. The relationship lays the foundation for an increase in professional development, self-efficacy, and clinical skills. The supervisory relationship has been shown to be important in several research studies (Cheon et al.

2009; Nelson & Friedlander, 2001; Olk & Friedlander, 1992) and results from these studies indicate that through communication between supervisor and supervisee, self-efficacy may be increased and the role of conflict and ambiguity can be managed.

In this section, a review of literature and findings related to trainee self-efficacy, role conflict, role ambiguity, and supervisory working alliance were discussed. In the next section summary and conclusion of the chapter was discussed.

Summary and Conclusion

In summary, the supervisory relationship has been studied for more than 15 years. Many findings suggested that there are correlations between the supervisory relationship and students' feelings of self-efficacy. It has been researched that a good working relationship with students during supervision is key to increasing and developing student self-efficacy (Johnson, 1985; Larson et al., 1992; Munson, Stardulis & Munson 1986; Munson Zoerink & Stadulis 1986; O'Brien et al., 1997). Many (Johnson, 1985; Larson et al., 1992) have used interventions incorporating Bandura's (1994) four sources of increasing self-efficacy beliefs: performance, attainment, modeling, verbal persuasion, and emotional state. Studies have reported slight to moderate increases in self-efficacy of beginning level counselors after training. Self-efficacy requires understanding tasks to be completed. Beginning counselors may not appreciate the complex range of skills and may have unrealistic ratings of their self-efficacy. More experienced counselors found to have strong self-efficacy beliefs without requisite skills could be detrimental to the overall process and outcome in counseling. For example, a counselor with strong self-efficacy beliefs may not see the need to prepare for counseling sessions and may perform

inadequately as a result (Barker et al., 2013). Lent et al. (1992) found that beginning trainees do perceive a change in self-efficacy with clients during the supervisory experience and this can reflect growth in confidence. The purpose of the current research was to address the gap in the literature as regarding whether supervisors help to build trainee's self-efficacy through supervisors' focus on positive instances (as described above) of student behavior.

Chapter 3: Research Method

Introduction

The purpose of the quantitative study was to determine if there was a relationship between self-efficacy, role conflict, role ambiguity, clinical supervision, supervisors' focus of positive instances of trainee behavior, and the overall practicum training experience. Graduate training in applied psychology is important as it helps in the development of skills that will help provide students with the abilities to practice in the future. Related to the research on supervision and self-efficacy during practicum training, this chapter includes a discussion of (a) the research design and rationale, (b) methodology, (c) instrumentation, (d) consent procedures, (e) procedures, (f) threats to validity, and (g) ethical procedures. This chapter ends with a summary and conclusions.

Research Design and Rationale

In order to study whether there was a relationship between self-efficacy, and role conflict, role ambiguity, supervisor focus of positive instances of trainee behavior, clinical supervision, the supervisory working alliance, and the overall practicum experience, a correlational research design was used. The overall practicum experience was operationalized as an educational experience. This experience involved building relationships with supervisors and colleagues and gaining clinical experience in various settings. A correlational research design was deemed most appropriate for this study because a correlational research design uses scientific methods to establish a relationship between groups of variables (see Faul, Erdfelder, Buchner & Lang, 2009). The independent variables were role conflict, role ambiguity, positive instances of trainee

behavior, and supervisory working alliance and the dependent variable was self-efficacy. This correlational research design advanced knowledge in this area by providing information regarding whether a student's self-efficacy changed during the practicum experience and whether or not the supervisor contributed to self-efficacy by focusing on positive instances of graduate trainees' behavior. To answer the research questions, a multiple linear regression with four independent variables (role conflict, role ambiguity, supervisors' focus of positive instances of trainee behavior, and supervisory working alliance) and one dependent variable (self-efficacy) was used.

The survey design allowed participants to answer questions completely and to the best of their ability while being open about their experiences in practicum training. The surveys were from anonymous respondents and information from the surveys was confidential. Ethical protocols were met in that the surveys were kept in a password protected file. Only I had access to the information. Surveys were objective, allowing for more precise measurement and analysis of target concepts (see Faul et al., 2009). This ensured greater validity of the generalized results than using interviews and observation methods (see Faul et al., 2009).

This section discussed the research design for the study and the measures that were used to determine if there is a relationship between self-efficacy and trainee practicum experience. The next section discusses the methodology of the study.

Methodology

Participants

The target population for my research study was doctoral students enrolled in graduate training programs in applied psychology (i.e., practica). Study participants were recruited between March 2016 and March 2018. Students were enrolled in doctoral-level practicum in counseling and clinical psychology or had completed practicum within the last 2 years. I chose to include trainees who had completed practicum within the last 2 years because I assumed that the supervised experience would still be relatively new. Supervisors with more than 1 year of supervisory experience were asked to participate in the study; however, the research invitations did not elicit a single supervisor participant. The rationale to include supervisors with at least 1 year of experience was based on the idea that they may have already managed several of the variables (i.e., role conflict, role ambiguity, issues within the supervisory relationship, etc.) identified in this study. The choice to include only those supervisors with more than 1 year of supervisory experience was also based on the assumption that supervisors with less than 1 year of experience may not have had time to develop an adequate approach to supervision.

In order to determine the number of participants to recruit, a power analysis using G* power was calculated (see Faul et al., 2009). Based on a multiple linear regression model with four variables (role conflict, role ambiguity, supervisors' focus of positive instances of trainee behavior, and supervisory working alliance), power .80 and alpha .05, it was determined that 64 participants, all supervisees, would be required to detect a medium effect size (.30). A medium effect size was chosen based on previous research

where medium effect size was used when similar variables were considered (see Faul et al., 2009).

Sampling and Sampling Procedures

The sampling strategy was based on the number of students enrolled in practica in two large universities in upstate New York (Syracuse University and Cornell University), and the psychology programs available. Convenience sampling was used in the study.

Participants, both students, and supervisors were e-mailed a link to informed consent (what was being studied, how it would affect participants, honesty policy, etc.) and asked to read and sign it indicating their consent to participate in the study. Participants completed a demographic questionnaire (Appendix A), SEI (Friedlander & Snyder, 1983), RCRAI (Olk & Friedlander, 1992), SEQ (Gonsalvez, 2007), and SWA: Supervisor form or SWA: Trainee form (Efstation et al., 1990). Trainees were asked to complete the SEI (Friedlander & Snyder, 1983). These rating scales were used to identify students' self-disclosed levels of self-efficacy. The scales were also used to identify conflict, ambiguity or other issues within the supervisory working alliance.

The length of time to complete initial surveys was 1week from receipt of surveys. Participants were advised that there were no financial incentives provided for participating in this study. Participants were advised that they would be debriefed after survey data was collected. The method of debriefing was a letter e-mailed to participants, if interested in results, explaining the details of the study, what was tested, the results, as well as if participants would be interested in learning more. Another way to disseminate findings of the study were to provide a link available through social media to participants.

Providing face to face option for stakeholders would also be available through platforms such as Walden Graduation, and through membership of my state's local psychological association.

This section discussed the population and methods that were used to contact participants for the study. The next section introduces instrumentation that was used to gather information.

Instrumentation and Operationalization of Constructs

Five instruments were administered in the study. Graduate trainees who met the inclusion criteria were asked to complete the required documents. Below each instrument is described and psychometric information is provided.

Demographic Survey. A demographic survey was developed for the research (see Appendix A). The survey requests information related to the program the student is enrolled in and the practice setting, the type of supervision provided, specific questions regarding role conflict and role ambiguity, and the overall supervisory relationship.

SEI. Friedlander and Snyder (1983) developed the SEI (Appendix B) to assess trainees' expectations of the supervisory process. Permission to use this instrument was granted by Friedlander (Appendix D). The SEI was selected due to its psychometric properties. The SEI is a 21-item self-report questionnaire used to assess counseling self-efficacy by measuring confidence in five domains of assessment, individual counseling, group, and family intervention, case management, and completion of academic requirements (Friedlander & Snyder, 1983). Trainee self-efficacy refers to trainees' feelings about their ability to perform certain activities (i.e., therapy, assessment).

Trainees rate their confidence in their ability to perform 21 activities on a 10-point scale ranging from not confident (0) to completely confident (9). Scores range from 0-189; higher ratings reflect stronger self-efficacy.

Mehr et al., (2014) conducted a study to examine relationships between trainee anxieties, trainee perceptions of supervision, working alliance, counseling self-efficacy and willingness to disclose in supervision. The authors reported that the SEI was found to correlate highly (r=.83) with the counselor self-efficacy scale (Friedlander & Snyder, 1983). The authors reported an internal consistency coefficient of .91. Previous internal consistency estimate for SEI was r=.93 (Friedlander & Synder, 1983). The SEI has also been shown to have a high face and content validity (Friedlander & Snyder, 1983).

Role Conflict and Role Ambiguity Inventory (RCRAI). Olk and Friedlander (1992) developed this instrument to assess role conflict and role ambiguity in psychology training. Permission to use this instrument was given in writing (see Appendix C). The RCRAI is a 29-item questionnaire pertaining to general supervision experience. Each item is rated on a 5-point scale from 1 (not at all) and to 5 (very much so). The authors interviewed 15 supervisors and trainees in depth about experiences with role difficulties in supervision (Olk & Friedlander, 1992). Content analysis of the interviews was used to construct items for the RCRAI. Olk and Friedlander (1992) consulted a second panel (n=10) to refine the items for the construction of two scales: one reflecting role conflict and the other reflecting role ambiguity. The two tests of validity of this instrument were considered based on responses by a national sample of trainees. The authors expected validity of the RCRAI if two factors emerged: one reflecting trainees' experiences of role

conflict and the other reflecting trainees' experiences of role ambiguity (Olk & Friedlander, 1992). In their study, Nelson and Friedlander (2001) indicated that the 29-item self-report estimated trainee perception of opposing expectations for their behavior (conflict) and uncertainty about the supervisory expectation of their performances (ambiguity). Results of their study indicated that the two scales, RC and RA, were moderately correlated (r=.59); reliable (αs=.89 [RC] and .91 [RA]); and predictive of work-related anxiety, general work dissatisfaction, and dissatisfaction with supervision (Olk & Friedlander, 1992).

Supervision Evaluation Questionnaire. Gonsalvez (2007) developed this instrument in order to evaluate supervision rated by the trainee. Permission to use this instrument was given in writing to this researcher (see Appendix G). Trainees' rate their supervision by answering 37 questions using rating of 1 (not at all/strongly disagree), 4 (moderately/ neutral) and 7 (very much so/strongly agree) and nine scales A-I (See Appendix F). Questions were used from the SEQ (Gonsalvez, 1990) to capture positive instances of trainee behavior. For example, "The supervision sessions enhanced my self-awareness as a person"; "The supervision significantly enhanced my competencies as a therapist and a professional". Livini et al. (2012) report acceptable internal consistency and measures for each of the subscales (Cronbach's α >.80) for the entire scales (α>.90) have been demonstrated in previous unpublished studies. Internal consistency of the author's current study was high (α=.99) for the entire scale. Overall, supervision evaluation score and supervision effectiveness subscale were used in the analysis of the

study. The validity of this instrument has shown high face value and content validity in previous research.

Supervisory Working Alliance Inventory: Supervisor Form and Supervisor Alliance Trainee Form (SWAI). Efstation et al. (1990) developed the instrument to assess the relationship in counselor supervision. Permission to use this instrumentation was given in writing (see Appendix H). The trainee self-report form uses a 7-point scale (1) almost never and (7) almost always, with 2 scales, rapport and client focus. The supervisor form of the SWAI has three scales, rapport, client focus, and identification. The trainee form of the SWAI has two scales, rapport, and client focus. According to Livini et al. (2012), subscales of the SWAI have been shown to have acceptable levels of internal consistency (Cronbach's $\alpha > .71$) as well as sufficient convergent and divergent validity (Efstation et al., 1990) and are suitable for use by participants with varying backgrounds and expertise. According to Efstation et al. (1990), evidence of predictive validity on rapport and client focus scales of the trainee form were found to correlate with one another, thus proving the validity of the instrument.

This section gave a brief description of the surveys that were used for the study. The next section outlines consent procedures for participants.

Informed Consent Procedures

Informed consent was included with the survey link to participants and included the researcher name, school affiliation, contact information, the purpose of the research regarding self-efficacy and practicum training, explanation of confidentiality, an explanation as to why the participants are needed, what was required and time

requirements to complete the survey, advantages to participating in the research study in order to better inform supervisors, and an explanation that the survey is voluntary and if completed and returned was informed consent to participate, and a copy of the findings when the study is complete.

This section discussed informed consent for participants. The next section discusses threats to validity of the study. Findings of the study were to be disseminated to the participants through a link available to the social media page Facebook, in which they participated. This researcher also worked with Survey Monkey and findings from the study would be available to participants. Providing a face to face option for stakeholders would also be available through platforms such as Walden graduation ceremony. I am also a student member of my state's Psychological Association and would be willing to submit findings of this study for participants to review.

Threats to Validity

A potential threat to validity for this study was that participants did not complete surveys by answering all parts of the survey (missing data) then validity could be threatened. Another threat to the validity of the research study was that all variables (both dependent and independent) were not included in the study results. Lastly, the responses from participants are only those that choose to participate. Some students may have felt that there are no issues that pertain to them while in practicum during supervision and may wish to not offer their opinions. The validity was ensured by using random samples and utilizing appropriate sample sizes while avoiding bias.

This section discussed potential threats to the validity of the study. Greater detail will be provided in Chapter 4. The next section discusses ethical procedures taken to protect participants.

Ethical Procedures

Participants were accessed through local colleges' and universities admission offices. A letter of participation was sent to the college describing the research and asking for permission to have access to students meeting specific requirements of the study. No harm came to the participants and the researcher followed all ethical procedures spelled out by the Institutional Review Board (IRB) concerning the ethical treatment of participants. An application was submitted to the IRB for permission to move forward with the research. Permission was granted by IRB on May 11, 2016, approval number 05-11-16-0082195.

Summary

This chapter provided an overview of the quantitative research study. It outlined specific procedures that will be utilized to gather information for the study. These instruments include surveys and questionnaires. The participants were selected from local Universities who had either completed or were completing a practicum. The settings in which the participants completed their practicums included clinics, hospitals, private practices, and college counseling centers. In chapter 4, the results of the study are described in greater details.

Chapter 4: Results

Introduction

The research on supervision and self-efficacy during practicum training included in this chapter consisted of (a) data collection, (b) treatment/intervention, (c) results, and (d) summary. Graduate training in applied psychology is important as it helps in the development of skills that helped to provide students with the abilities to practice in the future (Bandura, 1994). The purpose of the quantitative study was to determine if there was a relationship between student self-efficacy, role conflict, role ambiguity, clinical supervision, supervisors' focus of positive instances of trainee behavior and the overall practicum training experience. Self-efficacy is the center of Bandura's (1994) social cognitive theory. Bandura's theory emphasized the role of observational learning and social experience. During the practicum, students observe or model their supervisors. What was not known, however, was whether self-efficacy increased for trainees during practicum when the supervisor focused on positive instances of the trainees' behavior. As defined in Chapter 1, positive instances of a trainee behavior for this study were defined as an increased sense of practitioner self-efficacy, enhanced self-awareness, enhanced treatment knowledge, enhanced skill acquisition and utilization, and strengthening of the supervisee–client relationship. This was important to look at because it was speculated that when the supervisor focused on what the trainee was excelling at (i.e., improved assessment skills, confidence in individual therapy) self-efficacy would increase. RQ1 hypothesized a relationship between supervisory working alliance and self-efficacy in such that the stronger alliances are associated with higher supervisee self-efficacy. RQ2

hypothesized whether a relationship existed between role conflict and self-efficacy; in which lower levels of role conflict were associated with higher self-efficacy. RQ3 hypothesized whether a relationship existed between supervisee role ambiguity and self-efficacy, where lower levels of role ambiguity were associated with higher self-efficacy. RQ4 hypothesized whether supervisor role conflict and role ambiguity relate to supervisees' self-efficacy. RQ5 hypothesized whether the supervisor focus of positive instances on trainee behavior during practicum increases self-efficacy. RQ6 hypothesized whether working alliance, role ambiguity, role conflict together affected supervisee self-efficacy.

This chapter is divided into the following sections: data collection, results of the data and, finally, summarized results of the data analyses used to answer each of the six research questions. In the next section, data collection procedures are discussed.

Data Collection

Data collection began in March 2016 and was completed in March 2018. As described in Chapter 3, based on the G power calculation, only 64 participants, all supervisees, were needed to complete the study. Of the 64 participants, all supervisees, only 34 participants completed entire surveys. Once 64 participants responded, the surveys were closed. Participants were recruited from the Walden Participant pool, my personal Facebook page, Survey Monkey, Cornell University, University at Albany, and University at Buffalo, Stony Brook University, and Syracuse University to collect data from participants enrolled in applied psychology Ph.D. programs. These universities were

selected based on several factors. These factors included my location and university Ph.D. practicum programs which met the study criteria.

The Walden participant pool yielded nine responses, while no participants were recruited from SUNY University at Albany, SUNY University at Buffalo, or Stony Brook. In addition, both Syracuse University and Cornell University reversed their decision to allow Ph.D. students to participate in the study. Due to the low number of participants recruited from the Walden participant pool, plans for data collection were revised within IRB compliance from those outlined in Chapter 3.

The remaining 55 participants were recruited from a *target paid audience* through Survey Monkey and via Facebook. The Survey Monkey link was posted on my personal Facebook page and forwarded to all friends (*N=413*). Once the link was forwarded to my friends, those friends were able to forward and share the link. This snowball sampling process recruited the remaining participants needed for the study. Discrepancies in data collection differed from the original plan due to parameters set by Survey Monkey and the number of questions allowed on their surveys. Survey Monkey limits the number of items on a survey to 50 questions based on factors such as length of time to complete a survey, and complexity of questions (see surveymonkey.com). Another discrepancy with Survey Monkey was that there were few respondents who met the criteria of having both a Ph.D. and experience with clinical practicums. Since there were no participants who were supervisors, Hypothesis 4 was unable to be tested and was removed from consideration.

Based on a simple correlation with four independent variables (role conflict, role ambiguity, supervisors' focus of positive instances of trainee behavior, and supervisory working alliance) and dependent variable self-efficacy, power .80 and alpha .05, it was determined that 64 participants would be required to detect a medium effect size (.30). A medium effect size was chosen based on previous research where medium effect size was used when similar variables were considered. Participants in this study completed several measures as well as a demographic questionnaire. Participants reported being from various locations across the United States: 12.5% New England, 12.5% East North Central, 12.5% South Atlantic, 12.5% East South Central, 25% West South Central, 25% Pacific region. The highest age range of participants was between 45-59 years old (37.5%). A total of 64 participants agreed to participate in the study. Of all participants, however, only 34 completed all questions, resulting in a 53% completion rate. Of the 64 participants, 50% were female and 50% were male. All participants who completed the surveys were identified. There was a small percentage who completed 100% of the surveys. The demographics were compared but not statistically analyzed. The sample in the current study is representative of the population of graduate trainees in clinical programs which were from a random sample of the population who claimed to have been enrolled in Ph.D. practicum training programs. The sample differs from the population at large in that they are identified by specific demographic identifiers including education, age and regions. To increase sample representativeness and therefore enhance generalizability, future research on this topic would include identifiers specific for supervisors.

This section summarized changes in procedures with data collection and how changes hindered collection efforts. The next section discussed the results of the findings from the data.

Results

In this section, descriptive statistics are presented as well as an analysis of the findings based on the research questions.

The first scale RCRAI (Olk & Friedlander, 1992) is a 29-item questionnaire that measures therapists in training difficulties during clinic training on a 5-point rating scale. The role conflict subscale of the RCRAI (Olk & Friedlander, 1992) contains 13-items and participants responded to questions regarding their perception of conflicting expectations from their supervisors. Each item is answered on a 5-point scale ranging from 1 (not at all) to 5 (very much). Scores are obtained by adding the answer to each question and dividing by the number of items in the subscale. Scores in this study on the role conflict subscale of the RCRAI (Olk & Friedlander, 1992) ranged from a low 1 to 5 with higher scores indicating higher levels of role conflict (M=1.47, SD=1.14).

The role ambiguity subscale of the RCRAI (Olk & Friedlander, 1992) contains 16-items and requires participants to answer questions regarding uncertainty about supervisor's expectations, methods for fulfilling those expectations. Each item on the role ambiguity subscale of the RCRAI (Olk & Friedlander, 1992) is answered on a 5-point scale ranging from 1 (not at all) to 5 (very much). Scores are obtained by adding the answer to each question and dividing it by the number of items in the subscale. Scores

ranged from .38 to a high of 2.25(*M*=1.53, *SD*=.88). Higher scores indicated higher levels of ambiguity within the relationship.

Self-efficacy was measured using SEI (Friedlander & Snyder, 1983), a scale that assesses trainees' expectations of the supervisory process. The 21-item self-report survey required participants to rate their abilities in five domains of assessment, individual counseling, group, and family intervention, case management, and completion of academic requirements. Participants were to rate their confidence in an ability to perform 21 activities on a 10-point scale ranging from (0) not confident to (9) completely confident. Scores range from 0-189 where higher ratings reflect stronger self-efficacy. Scores on the SEI (Friedlander & Snyder, 1983) scales in this study ranged from 18-132 with a mean score of 73(*SD*=36.56).

The supervisory working alliance (Efstation et al., 1990) scale asked participants to indicate the frequency of occurrence of behaviors in the 19 questions on a 7-point scale ranging from (1) almost never to (7) almost always. The scores on the SWA (Efstation et al., 1990) ranged from 20-134 with a mean score of 54.85 and (*SD*=37.42).

The supervisory evaluation questionnaire (Gonsalvez, 1990) was used in this study for participants to rate their answers on a self-report 7-point scale (1) almost never and (7) almost always, with two scales: rapport and client focus. The scores of the SEQ (Gonsalvez, 1990) ranged from 36-220 with a mean score of 117 and (*SD*=55.02).

RQ1 addressed whether there was a relationship between self-efficacy and supervisory working alliance. Using the SEI (Friedlander & Snyder, 1983) and SWA, (Efstation et al., 1990) participants answered structured questions (Appendices B and F).

The null hypothesis was that there would not be a significant relationship between the supervisory working alliance and self-efficacy. The alternative hypothesis was that a significant relationship existed between supervisory working alliance and self-efficacy. To test the hypothesis, a Pearson correlation was calculated to measure the relationship between participants' self-efficacy based on the supervisory working alliance, such that stronger alliances are associated with higher supervisee self-efficacy while weaker ones are associated with lower supervisee self-efficacy. The Pearson correlation revealed that there was no statistically significant correlation found between self-efficacy and the supervisory working alliance, r (21, 10) = -.52, p=.121. Therefore, I could not reject the null hypothesis. See Table 1.

Table 1

Correlations

		SW_Total	SEI
SW Total	Pearson Correlation	1	-.522
	Sig. (2-tailed)		.121
	N	21	10
SEI	Pearson Correlation	-.522	1
	Sig. (2-tailed)	.121	
	N	10	10

RQ2 addressed whether there was a relationship between supervisee role conflict and self-efficacy such that lower levels of role conflict would be associated with higher self-efficacy. A Pearson correlation was calculated, and the results revealed no statistically significant relationship found, r = -.240, p=.504. Therefore, I could not reject the null hypothesis. See Table 2.

Table 2

Relationship Between Supervisee Role Conflict and Self-Efficacy

		Role conflict	SEI
Role Conflict	Pearson Correlation	1	-.240
	Sig. (2-tailed)		.504
	Sum of Squares and Cross-products	26.564	-90.320
	Covariance	1.328	-10.036
	N	21	10
SEI	Pearson Correlation	-.240	1
	Sig. (2-tailed)	.504	
	Sum of Squares and Cross-products	-90.320	12032.000
	Covariance	-10.036	1336.889
	N	10	10

Research question three addressed whether there was a relationship between role ambiguity and self-efficacy such that lower levels of role ambiguity would be associated with higher self-efficacy. A Pearson correlation was calculated and results revealed a statistically significant, positive correlation between role ambiguity and self-efficacy, r=.807, p=.005. This result indicated that we could reject the null hypothesis. See Table 3.

Table 3

Relationship Between Self-Efficacy and Role Ambiguity

		SEI	RA_Total
SEI	Pearson Correlation	1	.807**
	Sig. (2-tailed)		.005
	Sum of Squares and Cross-products	12032.000	247.940
	Covariance	1336.889	27.549
	N	10	10
RA_Total	Pearson Correlation	.807**	1
	Sig. (2-tailed)	.005	
	Sum of Squares and Cross-products	247.940	20.727
	Covariance	27.549	1.036
	N	10	21

**. Correlation is significant at the 0.01 level (2-tailed).

Due to the lack of supervisor response needed for research question four. it was eliminated from the study. Therefore, no results are discussed.

Research question five addressed whether supervisor focus of positive instances of trainee behavior increased self-efficacy. As defined in Chapter 1 positive instances were defined as trainees who had an increased sense of practitioner self-efficacy, enhanced self-awareness, enhanced treatment knowledge, enhanced skill acquisition and utilization, and strengthening of the supervisee–client relationship (Watkins et al., 2015). Using Pearson correlation to predict positive instances of trainee behavior and self-

efficacy, the results revealed that there was not a significant increase in self-efficacy when the focus was on positive instances of trainee behavior, $r = -.263$, $p=.462$. Therefore, we cannot reject the null hypothesis. See table 4.

Table 4

Positive Instances of Trainee Behavior and Self-Efficacy

		SEQ	SEI
SEQ	Pearson Correlation	1	-.263
	Sig. (2-tailed)		.462
	N	36	10
SEI	Pearson Correlation	-.263	1
	Sig. (2-tailed)	.462	
	N	10	10

Research question six addressed whether a relationship existed between self-efficacy when supervisee working alliance, role conflict, and role ambiguity were combined. A Pearson correlation was calculated to measure the relationship between variables. Results revealed no significant correlation between self-efficacy, supervisory working alliance, role conflict and role ambiguity based on p-value >.05 therefore, we cannot reject the null hypothesis. See table 5.

Table 5*Self-Efficacy, Role conflict, role ambiguity, and the working alliance*

		SEI	RA_Total	SW_Total	role conflict
SEI	Pearson Correlation	1	.807**	-.522	-.240
	Sig. (2-tailed)		.005	.121	.504
	Sum of Squares and Cross-products	12032.000	247.940	-2447.000	-90.320
	Covariance	1336.889	27.549	-271.889	-10.036
	N	10	10	10	10
RA_Total	Pearson Correlation	.807**	1	-.227	.293
	Sig. (2-tailed)	.005		.322	.197
	Sum of Squares and Cross-products	247.940	20.727	-67.009	6.877
	Covariance	27.549	1.036	-3.350	.344
	N	10	21	21	21
SW_Total	Pearson Correlation	-.522	-.227	1	.263
	Sig. (2-tailed)	.121	.322		.249
	Sum of Squares and Cross-products	-2447.000	-67.009	4194.286	87.939
	Covariance	-271.889	-3.350	209.714	4.397
	N	10	21	21	21
role conflict	Pearson Correlation	-.240	.293	.263	1
	Sig. (2-tailed)	.504	.197	.249	
	Sum of Squares and Cross-products	-90.320	6.877	87.939	26.564
	Covariance	-10.036	.344	4.397	1.328
	N	10	21	21	21

**. Correlation is significant at the 0.01 level (2-tailed).

Table 6

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.845[a]	.713	.570	23.97707	.713	4.976	3	6	.046

a. Predictors: (Constant), SW_Total, role conflict, RA_Total

Summary

This chapter reviewed data collection; stated the research questions, hypotheses, and statistical tests. The statistical findings of the study were discussed. In conclusion, the purpose of the quantitative study was to provide an understanding of whether or not relationships existed between graduate student's self-efficacy and role conflict, role ambiguity, positive instances and working alliance during the practicum training experience. Participants were recruited mainly through Facebook and Survey Monkey. The study found only one significant relationship between variables in RQ3 found a significant positive, correlation between role ambiguity and self-efficacy. All other hypotheses were found not to be statistically significant based on the data. Chapter 5 will include a summary and interpretation of the findings, limitations of the study, and implications for social change and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Discussion, Conclusions and Recommendations

The purpose of the quantitative study was to determine if relationships existed between self-efficacy, role conflict, role ambiguity, positive instances of trainee behavior and working alliance during the trainee's practicum experience. Researchers Fialkov and Haddad (2012), and Watkins et al. (2015) have addressed positive reinforcement in supervision, but little is known about whether the supervisor focus of positive instances on trainee behavior affects self-efficacy during practicum. This study focused on that aspect; however, due to a limited number of participants, results were severely limited.

This research was conducted to further investigate whether the focus on positive instances of trainee behavior during practicum would correlate with increased self-efficacy. RQ3 hypothesized a relationship between self-efficacy and role ambiguity, such that lower levels of ambiguity would increase self-efficacy. Results revealed a significantly positive correlation between role ambiguity and self-efficacy. The remaining research questions did not yield statistically significant results. In the following section, I will provide an interpretation of the research findings, followed by limitations, recommendations, implications for social change and a conclusion.

Interpretation of the Findings

Little research had been conducted on the relationship between supervisor's focus of positive instances of trainee behavior and self-efficacy. The perception was that graduate students' self-efficacy would increase based on the working alliance with their supervisors. The more supportive the supervisor, the more supervisee self-efficacy would

increase (Fialkov & Haddad, 2012). Specifically, I sought to discover if stronger alliances were associated with higher supervisee self-efficacy if then would the relationship be positive. I also wanted to discover if weaker alliances, when associated with lower self-efficacy, would result in a statistically negative relationship.

Correlations were calculated to determine whether relationships existed between supervisees' self-efficacy, role conflict, role ambiguity, working alliances and positive instances of trainee behavior. Olk and Friedlander (1992) found significant differences between RA and RC such that participants scored higher on RA and lower on RC. For the current study, related to RQ2 and RQ3 (Is there a relationship between supervisee role conflict and self-efficacy, such that lower levels of role conflict are associated with higher self-efficacy?; Is there a relationship between supervisee role ambiguity and self-efficacy, such that lower levels of role ambiguity are associated with higher self-efficacy?) the data were consistent with their findings RA, revealing a statistically significant, positive correlation between role ambiguity and self-efficacy. This means there was a trend reported by participants that, as trainees, when they experienced confidence in their roles and expectations of their role during supervision, self-efficacy increased. Although the sample size was small (N=64), it still revealed that, for these participants, having clear expectations of one's role in supervision helped to report a trend towards a relationship between the two. As far as RC, there were no significant findings in the current study that revealed any increases in trainee self-efficacy during practicum training.

Cheon et al. (2009) looked at the relationship between self-efficacy and working alliance using the same subscale of RCRAI. Similar to their study, using RQ1 (Is there a relationship between the supervisory working alliance and self-efficacy, such that stronger alliances are associated with higher supervisee self-efficacy while weaker ones are associated with lower supervisee self-efficacy?) I found no statistically significant correlation between working alliance and self-efficacy. Like Cheon et al. (2009), the sample size in this study was smaller than originally expected due to lack of completion of surveys.

Looking at the results between positive instances and self-efficacy, results associated with RQ5 (does supervisory focus on positive instances of trainees' behavior during practicum increase trainee self-efficacy?) did not show a significant positive increase in self-efficacy when the focus was on the trainee behavior. As defined in Chapter 1, positive instances were defined as trainees who had increased sense of practitioner self-efficacy, enhanced self-awareness, enhanced treatment knowledge, enhanced skill acquisition and utilization, and strengthening of the supervisee-client relationship (Watkins et al., 2015). Previous research focused more on the concept of positive reinforcement (Fialkov & Haddad, 2012), which centered around effective supervision based on the character strengths of the trainee within the service of the supervisory relationship. Like other studies, I used tests to answer questions related to enhanced self-awareness, enhanced treatment knowledge, and skill acquisition and skill enhancement as well as strengthening of the supervisee-client relationship. The instruments used in this study have been used in several research studies; however,

answers to these survey questions have drawbacks as they rely on honest responses to questions. RQ6 addressed whether a relationship existed between self-efficacy when the supervisee working alliance, role conflict role ambiguity was combined. Results of the correlation revealed no significant findings.

The theoretical framework for the current study was Bandura's (1994) social cognitive theory. Bandura emphasized the role of observational learning and social experience. This system plays a major part in how people perceive situations and how they behave in response to those situations (Bandura, 1994). Bandura also emphasized that evaluation from others can have a profound effect on individual self-efficacy. The findings of my study, when examined using this theoretical approach, showed that when the supervisor focused on positive instances of trainee behavior, there was not a statistically significant increase in self-efficacy. This was not consistent with Bandura's indication that when supervisors encourage trainees the more chances to increase self-efficacy through motivation and performance of the trainee.

Limitations of the Study

There were numerous limitations in this study which affected the results. One limitation was that the data were collected through Survey Monkey. The difficulty with online data collection is that there are no controls over who may be filling out the surveys which could lead to falsely reporting of information. Another limitation was that certain generalizations about the study could not be made due to the use of self-selected convenience sampling. Other limitations included recruiting methods were discussed in Chapter 3; however, methods changed during the actual recruitment process. The request

to participate in the study was posted to my personal Facebook page and shared with others which created the "snowball effect." This may have introduced sampling bias. Participants may have decided to participate or not based on whether they knew me. The time frame for data collection was addressed in Chapter 3 and it took a lot longer than expected due to the lack of participation and from university psychology departments' unwillingness to distribute surveys to students. Limitations of the study also included the lack of supervisor participation in the study therefore eliminating Hypothesis 4. The lack of supervisor participation may have been due to a lack of interest in the study, or due to not being a part of the social network of friends from the original Facebook post, therefore eliminating research participants. Internal validity issues identified in this study included a very low response rate. A total of 64 individuals responded and agreed to participate in the study. Of the 64 participants, 34 completed all survey questions resulting in a 53% completion rate. This indicated that 30 participants gave up prematurely. This may have been due to the length of time to complete the surveys, a lack of understanding of the questionnaires, or elicited uncomfortable feelings for the participants.

Recommendations for Further Research

Results of this study found that one relationship did exist between variables of role ambiguity and self-efficacy. All other hypotheses did not yield statistically significant results. Although this study contributed to the research in a small way, future recommendations include researchers using larger sample sizes. In order for researchers to obtain larger sample sizes, perhaps reaching out to larger Universities in person rather

than online format may be more beneficial to yield responses. Of all the studies that were cited in this research (see Cheon et al., 2009; Olk & Friedlander 1992), recommendations were for larger sample sizes. Although this study showed that despite the number of participants in some aspects of supervision, having clear expectations of one's role helped to diminish role ambiguity. This aspect should be studied in the future with larger sample sizes. Another aspect for future research should focus on results of the relationship between self-efficacy and supervisory working alliance when the focus was on reduced role conflict; again, using larger sample sizes to focus to understand if the relationship would change.

Future research should also include supervisor's participation. The current study did not yield any responses from supervisors therefore eliminating one question. The feedback from the supervisor is critical to the trainee in supervision. Other researchers (see Nelson & Friedlander 2001; see Gelso et al., 2013) have used other methods to collect data. Perhaps future researchers could incorporate the use of qualitative methods with quantitative methods to collect data. Qualitative research can be observed and recorded, using unstructured interviews would generate qualitative data through the use of open questions which would likely help the researcher develop a sense of a person's understanding of a situation. In this study, qualitative research would be useful to explore as it would develop insight and help develop hypothesis for quantitative research. Conducting face to face interviews with participants could offer some rich data to questions such as Nelson and Friedlander (2001) did in their mixed methods study. They incorporated interviews with doctoral students to identify interpersonal impasses in

supervision, as well as other contributing factors. Like their research with mixed methods, future researchers could incorporate interviews to identify other issues that trainees face when entering supervision and then measure again mid-way through supervision to determine changes in self-efficacy.

The underlying theoretical approach to this study was Bandura's Social Cognitive Theory (Bandura, 1994), which draws from Bandura's self-efficacy theory emphasizing cognitive, behavioral, personal, and environmental factors interacting to determine motivation and behavior. It could not be determined in this study that supervisor's focus of positive instance's on trainee behavior had an effect on trainee self-efficacy. Future studies should be conducted to measure the influence that supervisors have on trainees' self-efficacy during the practicum experience using the theoretical approach identified in this study.

Implications for Social Change

Implications of the study were important to graduate students as they have an opportunity to identify factors related to trainee self-efficacy during practicum. Olk and Friedlander (1992) and Nelson and Friedlander (2001) found that the more advanced trainees are the less they experience role conflict and role ambiguity thus leading to increased self-efficacy. When building positive relationships with graduate students during the practicum experience, the less likely they are to experience low self-efficacy. The results of the study, although quite limited and not very significant can offer some help in the advancement of research related to practicum training and trainee self-efficacy. The results of the study indicated that the working alliance had little impact on

trainee self-efficacy therefore possibly indicating that the responses may have been from more advanced trainees who were better adapted to handle any conflict more than say a novice trainee. This can impact social change by possibly eliminating higher stress in practicum and encourage more focus on enhancing skills such as therapy, case conceptualization and report writing.

Conclusion

Supervisees' self-efficacy had been shown in literature (Larsen and Daniels, 1998; Lent et al. 2009; Ganske et al. 2015) to have a relationship between role conflict, role ambiguity, and the supervisory working alliance. Few research studies have examined supervisee self-efficacy and supervisors focus of positive instances on trainee behavior. The purpose of the study was to address the gap in literature by investigating whether there was a relationship between clinical supervisors' focus on positive instances on trainees' behavior during the practicum experience and graduate trainees' self-efficacy, the working alliance, role conflict, and role ambiguity. In training programs, positive instances of self-efficacy occur when trainees perform efficaciously, prevail when difficulties arise with clients, expend effort to be effective, and perform at high levels of competence when working with clients. All of these positive instances are vital skills to trainees. In theory, if trainees have strong beliefs in their ability to competently perform the skills needed to be effective therapists, self-efficacy will be congruent with better performance (Heppner et al., 1998). Within this study I tried to provide some understanding of the effects supervisor's roles have on trainee's self-efficacy while in practicum. This study, although extremely limited with participants, still showed that

self-efficacy increased when trainees understood their roles in practicum. This finding could be useful to supervisors in the future when working with trainees to continue to not only serve the interest of the trainee but also the interest of the organization.

References

American Psychological Association. (2006). APA task force on the assessment of competence in professional psychology (Final Report). Retrieved from www.apa.org

Bandura, A. (1994). Self-efficacy. *Encyclopedia on Human Behavior*, *1*(4), 71-81. Retrieved from http://www.des.emory.edu/mfp/BanEncy.html

Barker, K. K, & Hunsley, J. (2013). The use of theoretical models in psychology supervisor development. Research from 1994-2010: A systemic review. *Canadian Psychology*, *54*(3)*,* 176-185. doi:10.1037/a0029694

Bucky, S. F., Marques, S., Daly, J., Alley, J., Karp, A. (2010). Supervision characteristics related to the supervisory working alliance as rated by doctoral-level supervisees. *Clinical Supervisor, 29*, 149-163. doi:10.1080/07325223.2010.519270

Chang, C.Y, Hays, D.G., & Shoffner, M.F. (2003). Cross-racial supervision: A developmental approach for white supervisors working with supervisees of color. *Clinical Supervisor, 22*(2)*,* 121-138. doi: 10.1300/J001v22n02_08

Cheon, H., Blumer, M. L. C., Shih, A., Murphy, M. J., & Sato, M. (2009). The influence of supervisor and supervisee matching, role conflict, and supervisory relationship on supervisee satisfaction. *Contemporary Family Therapy*, *31*(4), 52-67. doi:10.1007/s10591-008-9078-y

Crothers, L. M., Hughes, T. L., & Morine, K. A. (2008). *Theory and cases in school-based consultation: A resource for school psychologists, school counselors, special educators, and other mental health professionals*. New York, NY:

Routledge Taylor & Francis Group. Retrieved fromhttp://books.google.com/books?id=vKsXLZkKiyIC

Donahue, K. M & Perry, K. E. (2014). Bringing theory to life for trainees in professional psychology: The role of setting, assignments, and supervision. *Training and Education in Professional Psychology, 8*(2)*,* 119-126. doi:10.1037/tep0000016

Efstation, J. F., Patton, M. J., Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*(3), 322-329. doi:0022-0167/90/$00.75

Fialkov, C. & Haddad, D. (2012). Appreciative clinical training. *Training and Education in Professional Psychology*, *6*(4), 204-210. doi:1037/a0030832

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*, 1149-1160.

Friedlander, M.L., & Ward, L.G. (1984). Development and validation of the supervisory styles inventory. *Journal of Counseling Psychology, 31*(4)*,* 541-557. doi:10.1037/0022-0167.31.4.541

Ganske, K. H., Gnilka, P. B., Ashby, J. S.& Rice, K. G. (2015) The relationship between counseling trainee perfectionism and the working alliance with supervisor and client. *Journal of Counseling and Development, 93*(1), 14-24 doi:1556-6676 2015.00177.x

Gelso, C. J., Baumann, E. C.; Chui, H. T.; Savela, A. E. (2013) The making of a scientist-psychotherapist: The research training environment and the

psychotherapist. *Training and Professional Development*, *50* (2), 139-149 doi:10.1037/a0028257

Gonzalvez, C. (2007) *Supervision Evaluation Questionnaire* See Appendix D

Gross, S.M. (2005). Student perspectives on clinical and counseling psychology practicum. *Professional Psychology: Research and Practice, 36*(3), 299-306. doi:10.1037/0735-7025.36.3.299

Hatcher, R. L., Wise, E. H., Grus, C. L., Mangione, L., & Emmons, L. (2012). Inside the practicum in professional psychology: A survey of practicum site coordinators. *Training and Education in Professional Psychology, 6*(4), 220-228. doi:10.1037/a0029542

Heppner, M. J., Multon, K. D., Gysbers, N. C., Ellis, C. A., Zook, C. E (1998). The relationship of trainee self-efficacy to the process and outcome of career counseling. *Journal of Counseling Psychology, 45*(4), 393-402. doi:0022-0167/98

Ko, S. F., Rodolfa, E. (2005). Psychology training directors' views of number of practicum hours necessary prior to internship application. *Professional Psychology: Research and Practice, 36*(3), 318-322. doi:10.1037/0735-7028.36.

Larson, L. M., Suzuki, L. A., Gillespie, K. N., Potenza, M. T., Bechtel, M. A., & Toulouse, A. L. (1992). Development and validation of the counseling self-estimate inventory. *Journal of Counseling Psychology, 39*(1), 105-120. doi: 10.1037/0022-0167.39.1.105

Lent, R.W., Cinamon, R.G., Bryan, N.A., Jezzi, M.M., Martin, H.M., & Lim R. (2009). Perceived sources of change in trainees' self-efficacy beliefs. *Psychotherapy*

Theory, Research, Practice, Training, 46(3), 317-327. doi: 10.1037/10017029

Lent, R.W., Hill, C.E., & Hoffman, M.A. (2003). Development and validation of the counselor activity self-efficacy scales. *Journal of Counseling Psychology, 50*(1), 97-108. doi: 10.1037/0022-0167.50.1.97

Lindberg, E., Wincent, J., & Ortqvist, D. (2013). Turning stressors into something productive: An empirical study revealing non-linear influences of role stressors on self-efficacy. *Journal of Applied Social Psychology, 43,* 263-274. doi: 10.1111/j.1559-1816.2012.00995x

Livni, D., Crowe, T.P., & Gonsalvez, C.J. (2012). Effects of supervision modality and intensity on alliance and outcomes for the supervisee. *Rehabilitation Psychology, 57*(2), 178-186. doi: 10.1037/a0024752

Milne, D. (2007). An empirical definition of clinical supervision. *British Journal of Clinical Psychology, (46) Part 4,* 437-447. doi: 10.1348/014466507X197415

Nelson, M.L., & Friedlander, M.L. (2001). A close look at conflictual supervisory relationships: The trainee perspective. *Journal of Counseling Psychology, 48*(4), 384-395. doi: 10.1037//0022-0167.48.4.384

Olk, M.E. & M.L. Friedlander (1992). Trainees' experiences of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology, 39*(3), 389-397. doi: 0022-0167/-92

Painter, J.E., Borba, C.P., Hynes, M., Mays, D., & Glanz, K. (2008). The use of theory in health behavior research from 2000 to 2005: A systematic review. *Annals of Behavioral Medicine, 35,* 358-362. doi: 10.1007/s12160-008-9042-y

Pajares and Schunk (2005). Self-Efficacy and Self-Concept Beliefs. *New Frontiers for Self-Research,* 95-121.

Parcover, J.A., & Swanson, J.L. (2013). Career counselor training and supervision: role of the supervisory working alliance. *Journal of Employment Counseling, 50*, 166-178. doi: 10.1002/j.2161-1920.2013. 00035.x

Peterson, C. & M.E.P Seligman (2004) VIA-IS Inventory of Strengths survey

Snyder & Friedlander (1983) S*EI* Self- Efficacy Inventory See Appendix C

Watkins, Jr., C.E., Budge, S.L., & Callahan, J.L. (2015). Common and specific factors converging in psychotherapy supervision: A supervisory extrapolation of the wampold/budge psychotherapy relationship model. *Journal of Psychotherapy Integration, 25*(3), 214-235. doi: org/10.1037/a003956

Wood, Robert, & A. Bandura (1989). Effect of perceived controllability and performance standards on self-regulation of complex decision making. *Journal of Personality and Social Psychology. 56*(5), 805-814. doi: 0022-3514/89/S00.75

Appendix A: Demographic Questionnaire- Student

1. What is your gender?
    a.) male (1)
    b.) female (2)

2.) What is your age?
    a.) 25 or under (1)
    b.) 26-40 (2)
    c.) 41-55 (3)
    d.) 56 or older (4)

3.) How would you classify yourself?
    a.) Caucasian/White (1)
    b.) Asian/Pacific Islander(2)
    c.) African American, Black (3)
    d.) Hispanic (4)
    e.) Latino
    f.) Multiracial
    g.) Chinese
    h.) Japanese
    i.) Other
    j.) prefer not to answer

3.) What academic program are you in?
    a.) Counseling Psychology (1)
    b.) Clinical Psychology (2)
    c.) Other (3)

3.) What year are you in your program?
    a.) 1st
    b.) 2nd
    c.) 3rd
    d.) 4+

4.) What is your level of clinical experience?
    a.) Novice (1)
    b.) Advanced (2)

5.) How many months of counseling experience do you have?
    a.) 6 and under
    b.) 7-12

c.) More than 1 year
d.) 1 year to 5 years
e.) 5+ years

6.) What is your setting?
a.) Clinic/Community Mental Health Centers (1)
b.) Hospital (2)
c.) Nursing Home (3)
d.) Private Setting (4)
e.) Counseling Centers (5)
f.) Academic Centers (6)
g.) other (7)

7.) What number of supervision sessions you have received to date?
a.) 5 and under
b.) 6-10
c.) 11-20
d.) 20+

8.) How many hours of supervision do you have per week?
a.) 5 and under
b.) 6 +

Apppendix B: Appendix Title

Please rate how confident you are in your ability to be effective in each of the following activities on a scale from 0 to 9. Circle the number which best reflects your confidence level.

0 not confident 1 2 3 4 5 6 7 8 9 completely confident

How confident are you in your ability to...										
1. conceptualize or assess a case using standardized interest inventories	0	1	2	3	4	5	6	7	8	9
2. conceptualize or assess a case using clinical interview data	0	1	2	3	4	5	6	7	8	9
3. do group counseling or therapy with structured groups (e.g., assertiveness, career planning, etc.)	0	1	2	3	4	5	6	7	8	9
4. do group conseling or therapy with less structured groups (e.g., personal/interpersonal problems)	0	1	2	3	4	5	6	7	8	9
5. conceputalize or assess a case using behavioral rating scales	0	1	2	3	4	5	6	7	8	9
6. do individual counseling or therapy with individuals having anxiety reactions	0	1	2	3	4	5	6	7	8	9
7. do individual counseling or therapy with individuals having personality disorders	0	1	2	3	4	5	6	7	8	9
8. conceptualize or assess a case using standardized personality inventories	0	1	2	3	4	5	6	7	8	9
9. do individual counseling or therapy with individuals having adjustment reactions	0	1	2	3	4	5	6	7	8	9
10. do individual counseling or therapy with individuals having vocational or educational problems	0	1	2	3	4	5	6	7	8	9
11. conceptualize or assess a case using standardized ability/aptitude inventories	0	1	2	3	4	5	6	7	8	9
12. collaborate or consult on cases with other professionals as needed	0	1	2	3	4	5	6	7	8	9
13. keep adequate, up-to-date case notes	0	1	2	3	4	5	6	7	8	9
14. do family counseling or therapy	0	1	2	3	4	5	6	7	8	9
15. do conjoint marital or relationship counseling/therapy	0	1	2	3	4	5	6	7	8	9
16. write integrative psychological reports	0	1	2	3	4	5	6	7	8	9
17. do individual counseling or therapy with individuals having major affective disorders	0	1	2	3	4	5	6	7	8	9
18. do individual counseling or therapy with individuals having schizophrenic disorders	0	1	2	3	4	5	6	7	8	9
19. make appropriate referrals	0	1	2	3	4	5	6	7	8	9
20. do individual counseling or therapy with individuals having substance abuse problems	0	1	2	3	4	5	6	7	8	9
21. complete the required training and education in your current academic program	0	1	2	3	4	5	6	7	8	9

SUPERVISEE PERCEPTIONS OF SUPERVISION

Instructions: The following statements describe some problems that therapists-in-training may experience during the course of clinical supervision. Please read each statement and then rate the extent to which you have experienced difficulty in supervision in your most recent clinical training.

I HAVE EXPERIENCED DIFFICULTY IN MY CURRENT OR MOST RECENT SUPERVISION BECAUSE:

	NOT AT ALL	VERY MUCH SO
1. I was not certain about what material to present to my supervisor.	1...2...3...4...5	
2. I have felt that my supervisor was incompetent or less competent than I. I often felt as though I was supervising him/her.	1...2...3...4...5	
3. I have wanted to challenge the appropriateness of my supervisor's recommendations for using a technique with one of my clients, but I have thought it better to keep my opinions to myself.	1...2...3...4...5	
4. I wasn't sure how best to use supervision as I became more experienced, although I was aware that I was expected to behave more independently.	1...2...3...4...5	
5. I have believed that my supervisor's behavior in one or more situations was unethical or illegal and I was undecided about whether to confront her/him.	1...2...3...4...5	
6. My orientation to therapy was different from that of my supervisor. She or he wanted me to work with clients using her or his framework, and I felt that I should be allowed to use my own approach.	1...2...3...4...5	
7. I have wanted to intervene with one of my clients in a particular way and my supervisor has wanted me to approach the client in a very different way. I am expected both to judge what is appropriate for myself and also to do what I am told.	1...2...3...4...5	
8. My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare.	1...2...3...4...5	
9. I wasn't sure how autonomous I should be in my work with clients.	1...2...3...4...5	
10. My supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply.	1...2...3...4...5	
11. My supervisor's criteria for evaluating my work were not specific.	1...2...3...4...5	
12. I was not sure that I had done what the supervisor expected me to do in a session with a client.	1...2...3...4...5	
13. The criteria for evaluating my performance in supervision were not clear.	1...2...3...4...5	
14. I got mixed signals from my supervisor and I was unsure of which signals to attend to.	1...2...3...4...5	
15. When using a new technique, I was unclear about the specific steps involved. As a result, I wasn't sure how my supervisor would evaluate my performance.	1...2...3...4...5	
16. I disagreed with my supervisor about how to introduce a specific issue to a client, but I also wanted to do what the supervisor recommended.	1...2...3...4...5	
17. Part of me wanted to rely on my own instincts with clients, but I always knew that my supervisor would have the last word.	1...2...3...4...5	
18. The feedback I got from my supervisor did not help me to know what was expected of me in my day to day work with clients.	1...2...3...4...5	
19. I was not comfortable using a technique recommended by my supervisor; however, I felt that I should do what my supervisor recommended.	1...2...3...4...5	
20. Everything was new and I wasn't sure what would be expected of me.	1...2...3...4...5	
21. I was not sure if I should discuss my professional weaknesses in supervision because I was not sure how I would be evaluated.	1...2...3...4...5	
22. I disagreed with my supervisor about implementing a specific technique, but I also wanted to do what the supervisor thought best.	1...2...3...4...5	
23. My supervisor gave me no feedback and I felt lost.	1...2...3...4...5	
24. My supervisor told me what to do with a client, but didn't give me very specific ideas about how to do it.	1...2...3...4...5	
25. My supervisor wanted me to use an assessment technique that I considered inappropriate for a particular client.	1...2...3...4...5	
26. There were no clear guidelines for my behavior in supervision.	1...2...3...4...5	
27. The supervisor gave no constructive or negative feedback and as a result, I did not know how to address my weaknesses.	1...2...3...4...5	
28. I didn't know how I was doing as a therapist and, as a result, I didn't know how my supervisor would evaluate me.	1...2...3...4...5	
29. I was unsure of what to expect from my supervisor.	1...2...3...4...5	

ROLE CONFLICT AND ROLE AMBIGUITY

SCORING KEY

ROLE AMBIGUITY ITEMS	ROLE CONFLICT ITEMS
1	2
4	3
8	5
9	6
11	7
12	10
13	14
18	15
20	16
21	17
23	19
24	22
26	25
27	
28	
29	

Appendix C: Permission for the Use of SEI and RCRAI

Permission email from Dr. M.L. Friedlander

to
me

Here you go, Janice. Good luck with your research!

2 Attachments

Preview attachment self-efficacy inventory (Friedlander & Snyder, 1983).pdf

PDF

self-efficacy inventory (Friedlander & Snyder, 1983).pdf

Preview attachment RCRAI (Olk & Friedlander, 1992).pdf

PDF

RCRAI (Olk & Friedlander, 1992).pdf

Copyright info from Dr Friendlander

Friedlander, Myrna L <mfriedlander@albany.edu>
Wed 9/25/2019 11:45 AM

Disappointing, I imagine but interesting even with the limited sample. I don't recall if the measure is in the 1992 Olk & Friedlander article, published by the American Psychological Association. If it is in the article, you'd also need permission from APA.

Appendix D: Permission for the Use of Supervision Evaluation Questionnaire

Permission email from Mr. Gonsalvez

Craig Gonsalvez Mar 9 (3 days ago)

to me

Dear Janice,
I'm happy for you to use the questionnaire. I have data on it but have not analysed it as yet. Please let me know results of your research.
Regards,

Craig Gonsalvez
Professor in Clinical Psychology
School of Social Sciences & Psychology
University of Western Sydney

10/1/2019

Craig Gonsalvez <C.Gonsalvez@westernsydney.edu.au>
Tue 10/1/2019 8:29 PM

Dear Janice,
We now have a revised and published version of the scale called: Supervision Evaluation and Supervisory Competence (SE-SC) scale and its revision. So you may publish it with the note that a revised version of the scale is now available with the author (c.gonsalvez@westernsydney.edu.au)

Kind regards,
Craig

Appendix E: Supervision Evaluation Questionnaire (SEvQ.v2)

SUPERVISION EVALUATION QUESTIONNAIRE (SEvQ.v2)

Use the following likert scale to evaluate the supervision you received by your primary supervisor (individual and group) at the placement you just completed. Use NA for items that were definitely not applicable, or for information you don't know.

1	2	3	4	5	6	7
Not at all Strongly disagree			Moderately Neutral			Very much so Strongly agree

No.	**(a) Items**	**(b) Score**	**(c) Scale**
1	Overall, the supervisor provided me with high quality supervision		E1
2	Overall, my expectations were matched or exceeded		E2
3	The supervisor organized and managed supervision efficiently		E3
4	I would gladly recommend this supervisor to others		E4
5	The supervision significantly enhanced my competencies as a therapist and professional		E5
6	Supervision objectives (goals) were negotiated and clearly articulated		A1
7	The supervisor was caring and supportive		B1
8	The supervision sessions enhanced my self awareness as a person		H1
9	The supervisor was competent at enhancing my skills development		D1
10	Supervision methods were varied to match supervision objectives		A2
11	The supervisor was approachable and interested in my personal development		B2
12	The supervision advanced my therapist-client relationship skills		C1

No.	**(a) Items**	**(b) Score**	**(c) Scale**
13	The supervisor impressed me as a skilled therapist		D2
14	Supervision sessions were structured and supervision activities were goal driven		A3
15	The supervisor was accepting of my mistakes and inadequacies		B3
16	The supervisor enhanced my abilities to reflect on my clinical work		H2
17	The supervisor was knowledgeable and could communicate theoretical concepts clearly		F1
18	The supervision plan appropriately reflected important clinical competencies		A4
19	In day-to-day dealings, I got along well with the supervisor		B4
20	The supervisor helped me gain an understanding of my emotional reactions within therapy		C2
21	The supervisor efficiently used skills training methods (i.e.., demonstration, role play) as appropriate		D4
22	Supervision objectives were in accordance with my level of professional development		A5
23	The supervisor was understanding and open to a sharing of ideas		B5
24	The supervision furthered my understanding of my own positive and negative interaction patterns with clients		C3
25	When appropriate, the supervisor shared insights into and offered useful suggestions concerning case management		F2
26	I felt comfortable discussing my professional inadequacies in supervision.		B6
27	The supervisor's feedback was constructive and informative		I1
28	The supervisor was sensitive to my emotional and self care needs		B7

No.	**(a) Items**	**(b) Score**	**(c) Scale**
29	The supervisor's theoretical approach was compatible with mine		I2
30	Supervision helped to inspire me and to remain excited about my clinical work and professional responsibilities		B8
31	The supervisor honored his/her time commitments to my supervision		I3
32	Supervision facilitated debriefing, emotional ventilation and support as appropriate		B9
33	Formal assessment tasks were well planned and sequenced		A6
34	Ethical and professional issues were covered as relevant		A7
35	Formal assessment tasks adequately captured important clinical competencies		A8
36*	Activities within group supervision were expertly managed and coordinated		G1
37*	The supervisor effectively used group processes to enhance learning in group supervision		G2

Note. The questionnaire has been used with an N of 200 and a manuscript describing its psychometric properties is currently in preparation.

Scale E - items represent overall supervision ratings.
Scale A - items relate to planning and management of supervision, its objectives and assessment.
Scale B - items measure the alliance and support within the supervisor-supervisee relationship.
Scale C - items measure the supervisor's competencies in addressing counsellor-client relationship objectives.
Scale D - items relate to skills training competencies.
Scale F - items capture knowledge and case-management competencies.
Scale G - items are relevant to group supervision.
Scale H - items capture supervisor skills in fostering reflective practice.
Scale I - items are miscellaneous items.

Appendix F: Supervisory Working Alliance Inventory: Trainee Form

Supervisory Working Alliance Inventory: Trainee Form

Instructions: Please indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, check (X) the space over the number corresponding to the appropriate point of the following seven- point scale:

1 2 3 4 5 6 7
Almost Never Almost Always

I feel comfortable working with my supervisor. ___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor welcomes my explanations about the client's behavior.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor makes the effort to understand me. ___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor is tactful when commenting about my performance.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor encourages me to formulate my own interventions with the client.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor helps me talk freely in our sessions. ___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor stays in tune with me during supervision. ___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

I understand client behavior and treatment technique similar to the way my supervisor does.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

jI feel free to mention to my supervisor any troublesome feelings I might have about him/her.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

My supervisor treats me like a colleague in our supervisory sessions.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

In supervision, I am more curious than anxious when discussing my difficulties with clients.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

In supervision, my supervisor places a high priority on our understanding the client's perspective.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7
My supervisor encourages me to take time to understand what the client is saying and doing.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7
My supervisor's style is to carefully and systematically consider the material I bring to supervision.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.

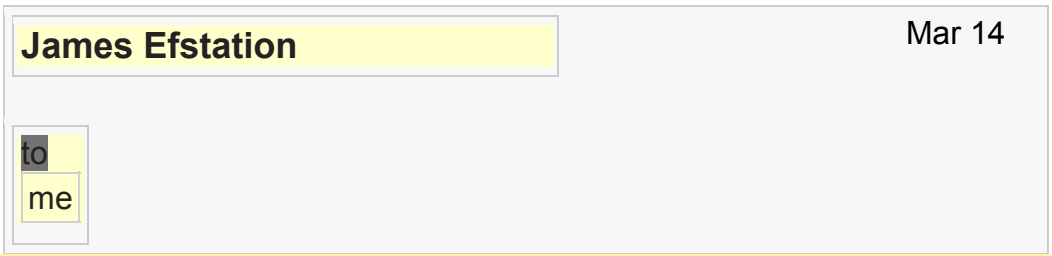
___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7
My supervisor helps me work within a specific treatment plan with my clients.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7
My supervisor helps me stay on track during our meetings.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7
I work with my supervisor on specific goals in the supervisory session.

___ ___ ___ ___ ___ ___ ___
1 2 3 4 5 6 7

Appendix G: Permission for the Use of Supervisory Working Alliance Scales



Jan,

You have my permission to use the scales, Supervisory Working Alliance for Supervisors and the Supervisory Working Alliance for Trainees, in you research. Good luck with your project.

Jim Efstation, Ph.D.

Copyright Permission Email

James Efstation <jefstation@gmail.com>
Wed 9/25/2019 3:47 PM

Dr. Baylor,

I have noe objections and grant permission.

Jim Efstation